

Fill in this information to identify the case:

United States Bankruptcy Court for the:

DISTRICT OF MINNESOTA

Case number (if known) Chapter 11

☐ Check if this is an amended filing

Official Form 201

Voluntary Petition for Non-Individuals Filing for Bankruptcy

04/25

If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and the case number (if known). For more information, a separate document, *Instructions for Bankruptcy Forms for Non-Individuals*, is available.

1. Debtor's name ADVANCE COMPANIES INC

2. All other names debtor used in the last 8 years

Include any assumed names, trade names and doing business as names

3. Debtor's federal Employer Identification Number (EIN) 41-1332441

4. Debtor's address Principal place of business Mailing address, if different from principal place of business

350 73RD AVE NE STE 15  
FRIDLEY, MN 55432

Number, Street, City, State & ZIP Code

Anoka

County

P.O. Box, Number, Street, City, State & ZIP Code

Location of principal assets, if different from principal place of business

Number, Street, City, State & ZIP Code

5. Debtor's website (URL) WWW.ADVANCECOMPANIES.COM

6. Type of debtor

☒ Corporation (including Limited Liability Company (LLC) and Limited Liability Partnership (LLP))

☐ Partnership (excluding LLP)

☐ Other. Specify:

Debtor **ADVANCE COMPANIES INC**  
Name

Case number (if known)

**7. Describe debtor's business**

A. *Check one:*

- ☐ Health Care Business (as defined in 11 U.S.C. § 101(27A))
- ☐ Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B))
- ☐ Railroad (as defined in 11 U.S.C. § 101(44))
- ☐ Stockbroker (as defined in 11 U.S.C. § 101(53A))
- ☐ Commodity Broker (as defined in 11 U.S.C. § 101(6))
- ☐ Clearing Bank (as defined in 11 U.S.C. § 781(3))
- ☒ None of the above

B. *Check all that apply*

- ☐ Tax-exempt entity (as described in 26 U.S.C. §501)
- ☐ Investment company, including hedge fund or pooled investment vehicle (as defined in 15 U.S.C. §80a-3)
- ☐ Investment advisor (as defined in 15 U.S.C. §80b-2(a)(11))

C. NAICS (North American Industry Classification System) 4-digit code that best describes debtor. See <http://www.uscourts.gov/four-digit-national-association-naics-codes>.

**2361**

**8. Under which chapter of the Bankruptcy Code is the debtor filing?**

*Check one:*

- ☐ Chapter 7
- ☐ Chapter 9

☒ Chapter 11. *Check all that apply:*

- ☒ Debtor's aggregate noncontingent liquidated debts (excluding debts owed to insiders or affiliates) are less than \$3,424,000 (amount subject to adjustment on 4/01/28 and every 3 years after that).
- ☒ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D). If the debtor is a small business debtor, attach the most recent balance sheet, statement of operations, cash-flow statement, and federal income tax return or if all of these documents do not exist, follow the procedure in 11 U.S.C. § 1116(1)(B).
- ☒ The debtor is a small business debtor as defined in 11 U.S.C. § 101(51D), and it chooses to proceed under Subchapter V of Chapter 11.
- ☐ A plan is being filed with this petition.
- ☐ Acceptances of the plan were solicited prepetition from one or more classes of creditors, in accordance with 11 U.S.C. § 1126(b).
- ☐ The debtor is required to file periodic reports (for example, 10K and 10Q) with the Securities and Exchange Commission according to § 13 or 15(d) of the Securities Exchange Act of 1934. File the *Attachment to Voluntary Petition for Non-Individuals Filing for Bankruptcy under Chapter 11* (Official Form 201A) with this form.
- ☐ The debtor is a shell company as defined in the Securities Exchange Act of 1934 Rule 12b-2.

☐ Chapter 12

**9. Were prior bankruptcy cases filed by or against the debtor within the last 8 years?**

- ☒ No.
- ☐ Yes.

If more than 2 cases, attach a separate list.

District	_____	When	_____	Case number	_____
District	_____	When	_____	Case number	_____

Debtor **ADVANCE COMPANIES INC** Case number (if known) \_\_\_\_\_  
Name

10. Are any bankruptcy cases pending or being filed by a business partner or an affiliate of the debtor? ☒ No ☐ Yes.

List all cases. If more than 1, attach a separate list

Debtor Relationship  
District \_\_\_\_\_ When \_\_\_\_\_ Case number, if known \_\_\_\_\_

11. Why is the case filed in this district? Check all that apply:
- ☒ Debtor has had its domicile, principal place of business, or principal assets in this district for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other district.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner, or partnership is pending in this district.

12. Does the debtor own or have possession of any real property or personal property that needs immediate attention? ☒ No ☐ Yes. Answer below for each property that needs immediate attention. Attach additional sheets if needed.

Why does the property need immediate attention? (Check all that apply.)

- ☐ It poses or is alleged to pose a threat of imminent and identifiable hazard to public health or safety.

What is the hazard? \_\_\_\_\_

- ☐ It needs to be physically secured or protected from the weather.

- ☐ It includes perishable goods or assets that could quickly deteriorate or lose value without attention (for example, livestock, seasonal goods, meat, dairy, produce, or securities-related assets or other options).

- ☐ Other \_\_\_\_\_

Where is the property? \_\_\_\_\_

Number, Street, City, State & ZIP Code

Is the property insured?

- ☐ No

- ☐ Yes. Insurance agency \_\_\_\_\_

Contact name \_\_\_\_\_

Phone \_\_\_\_\_

### Statistical and administrative information

13. Debtor's estimation of available funds Check one:
- ☐ Funds will be available for distribution to unsecured creditors.
- ☒ After any administrative expenses are paid, no funds will be available to unsecured creditors.

14. Estimated number of creditors
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> 1-49               | <input type="checkbox"/> 1,000-5,000   | <input type="checkbox"/> 25,001-50,000     |
| <input type="checkbox"/> 50-99              | <input type="checkbox"/> 5001-10,000   | <input type="checkbox"/> 50,001-100,000    |
| <input checked="" type="checkbox"/> 100-199 | <input type="checkbox"/> 10,001-25,000 | <input type="checkbox"/> More than 100,000 |
| <input type="checkbox"/> 200-999            |  |  |

15. Estimated Assets
- |  |  |  |
|--|--|--|
| <input type="checkbox"/> \$0 - \$50,000                  | <input type="checkbox"/> \$1,000,001 - \$10 million    | <input type="checkbox"/> \$500,000,001 - \$1 billion     |
| <input checked="" type="checkbox"/> \$50,001 - \$100,000 | <input type="checkbox"/> \$10,000,001 - \$50 million   | <input type="checkbox"/> \$1,000,000,001 - \$10 billion  |
| <input type="checkbox"/> \$100,001 - \$500,000           | <input type="checkbox"/> \$50,000,001 - \$100 million  | <input type="checkbox"/> \$10,000,000,001 - \$50 billion |
| <input type="checkbox"/> \$500,001 - \$1 million         | <input type="checkbox"/> \$100,000,001 - \$500 million | <input type="checkbox"/> More than \$50 billion          |

16. Estimated liabilities
- |   |  |  |
|---|--|--|
| <input type="checkbox"/> \$0 - \$50,000 | <input checked="" type="checkbox"/> \$1,000,001 - \$10 million | <input type="checkbox"/> \$500,000,001 - \$1 billion |
|---|--|--|

Debtor	<b>ADVANCE COMPANIES INC</b>	Case number (if known)
Name		
	<input type="checkbox"/> \$50,001 - \$100,000	<input type="checkbox"/> \$10,000,001 - \$50 million
	<input type="checkbox"/> \$100,001 - \$500,000	<input type="checkbox"/> \$50,000,001 - \$100 million
	<input type="checkbox"/> \$500,001 - \$1 million	<input type="checkbox"/> \$100,000,001 - \$500 million
		<input type="checkbox"/> \$1,000,000,001 - \$10 billion
		<input type="checkbox"/> \$10,000,000,001 - \$50 billion
		<input type="checkbox"/> More than \$50 billion

Debtor **ADVANCE COMPANIES INC** Case number (if known) \_\_\_\_\_  
Name

**Request for Relief, Declaration, and Signatures**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

**17. Declaration and signature  
of authorized  
representative of debtor**

The debtor requests relief in accordance with the chapter of title 11, United States Code, specified in this petition.

I have been authorized to file this petition on behalf of the debtor.

I have examined the information in this petition and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **May 18, 2025**  
MM / DD / YYYY

**X /s/ ROGER M. WASHBOURNE**  
Signature of authorized representative of debtor  
  
Title **PRESIDENT**

**ROGER M. WASHBOURNE**  
Printed name

**18. Signature of attorney**

**X /s/ JOHN D. LAMEY III**  
Signature of attorney for debtor

Date **May 18, 2025**  
MM / DD / YYYY

**JOHN D. LAMEY III 0312009**  
Printed name

**LAMEY LAW FIRM, P.A.**  
Firm name

**980 INWOOD AVE N  
OAKDALE, MN 55128-7094**  
Number, Street, City, State & ZIP Code

Contact phone **651.209.3550** Email address **JLAMEY@LAMEYLAW.COM**

**0312009 MN**  
Bar number and State

**Fill in this information to identify the case:**

Debtor name **ADVANCE COMPANIES INC**

United States Bankruptcy Court for the: **DISTRICT OF MINNESOTA**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 202

**Declaration Under Penalty of Perjury for Non-Individual Debtors**

12/15

An individual who is authorized to act on behalf of a non-individual debtor, such as a corporation or partnership, must sign and submit this form for the schedules of assets and liabilities, any other document that requires a declaration that is not included in the document, and any amendments of those documents. This form must state the individual's position or relationship to the debtor, the identity of the document, and the date. Bankruptcy Rules 1008 and 9011.

**WARNING -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.**

**Declaration and signature**

I am the president, another officer, or an authorized agent of the corporation; a member or an authorized agent of the partnership; or another individual serving as a representative of the debtor in this case.

I have examined the information in the documents checked below and I have a reasonable belief that the information is true and correct:

- ☒ *Schedule A/B: Assets—Real and Personal Property* (Official Form 206A/B)
- ☒ *Schedule D: Creditors Who Have Claims Secured by Property* (Official Form 206D)
- ☒ *Schedule E/F: Creditors Who Have Unsecured Claims* (Official Form 206E/F)
- ☒ *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G)
- ☒ *Schedule H: Codebtors* (Official Form 206H)
- ☒ *Summary of Assets and Liabilities for Non-Individuals* (Official Form 206Sum)
- ☐ *Amended Schedule*
- ☐ *Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders* (Official Form 204)
- ☐ Other document that requires a declaration \_\_\_\_\_

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **May 18, 2025**

**X /s/ ROGER M. WASHBOURNE**

Signature of individual signing on behalf of debtor

**ROGER M. WASHBOURNE**

Printed name

**PRESIDENT**

Position or relationship to debtor

**Fill in this information to identify the case:**

Debtor name **ADVANCE COMPANIES INC**  
 United States Bankruptcy Court for the: **DISTRICT OF MINNESOTA**  
 Case number (if known): \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 204**

**Chapter 11 or Chapter 9 Cases: List of Creditors Who Have the 20 Largest Unsecured Claims and Are Not Insiders**

12/15

A list of creditors holding the 20 largest unsecured claims must be filed in a Chapter 11 or Chapter 9 case. Include claims which the debtor disputes. Do not include claims by any person or entity who is an insider, as defined in 11 U.S.C. § 101(31). Also, do not include claims by secured creditors, unless the unsecured claim resulting from inadequate collateral value places the creditor among the holders of the 20 largest unsecured claims.

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services, and government contracts)	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
ABC SUPPLY CO 15631 COLLECTON CENTER Chicago, IL 60693-0156		UNSECURED				\$24,161.22
B & D PLUMBING HEATING & AIR 4145 MACKENZIE COURT N. E. Saint Michael, MN 55376		UNSECURED				\$68,831.10
CABINETRY CONCEPTS 14410 AZURITE STREET NW Anoka, MN 55303		UNSECURED				\$9,044.74
CANFIELD CAPITAL LLC ATTN CHIEF MANAGER 30 N GOULD ST STE R Sheridan, WY 82801		FUTURE ACCOUNTS RECEIVABLE		\$57,310.00	\$0.00	\$57,310.00
CBIZ ADVISORS, LLC 12993 COLLECTIONS CENTER DR Chicago, IL 60693		UNSECURED				\$15,000.00
CLOUD CONTENTS, INC 14160 BASALT ST NW Anoka, MN 55303		UNSECURED				\$34,987.86

Debtor **ADVANCE COMPANIES INC**  
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
FYM CAPITAL LLC ATTN CHIEF MANAGER 433 PLAZA REAL STE 275 Boca Raton, FL 33432		BLANKET LIEN - ALL ASSETS		\$95,561.24	\$0.00	\$95,561.24
GARAGE FORCE 18525 HWY 212 Norwood Young America, MN 55368		UNSECURED				\$13,453.00
HAMERNICK'S FLOORING SOLUTIONS 9449 SCIENCE CENTER DRIVE STE 200 Saint Paul, MN 55117		UNSECURED				\$68,007.51
HEALTHPARTNERS PO BOX 772648 Detroit, MI 48277		UNSECURED				\$37,695.05
IRS PO BOX 7346 Philadelphia, PA 19101-7346		PRIORITY TAXES				\$35,000.00
JGC PAINT WORK LLC ATTN JORGE GARCIA 1235 BUSH AVE Saint Paul, MN 55106		UNSECURED				\$36,976.87
LIQUIDITY ACCESS LLC 25 MELVILLE PARK RD STE 60 Melville, NY 11747-3172		BLANKET LIEN - ALL ASSETS		\$385,681.88	\$0.00	\$385,681.88
OVERCOTT EXTERIORS 19717 JACKIE LANE ROGERS Rogers, MN 55374		UNSECURED				\$75,289.89
ROGER WASHBOURNE 6725 NEW YORK AVE S APT 653 EDINA, MN 55435-3241		UNSECURED/SHA REHOLDER LOAN				\$56,000.00



Debtor **ADVANCE COMPANIES INC**  
Name

Case number (if known)

Name of creditor and complete mailing address, including zip code	Name, telephone number and email address of creditor contact	Nature of claim (for example, trade debts, bank loans, professional services,	Indicate if claim is contingent, unliquidated, or disputed	Amount of claim If the claim is fully unsecured, fill in only unsecured claim amount. If claim is partially secured, fill in total claim amount and deduction for value of collateral or setoff to calculate unsecured claim.		
				Total claim, if partially secured	Deduction for value of collateral or setoff	Unsecured claim
SCHERER BROTHERS LUMBER COMPANY PO BOX 1450 Minneapolis, MN 55485		UNSECURED				\$13,401.91
SEDGWICK CLAIMS MANAGEMENT SERVICES PO BOX 639153 Cincinnati, OH 45263		UNSECURED				\$45,250.39
SOUTH SIDE ELECTRIC, INC 9201 EAST FWY SUITE X Minneapolis, MN 55420		UNSECURED				\$56,233.42
TRUE BLUE CONSTRUCTION SERVICES LLC 7103 HWY 65 NE Minneapolis, MN 55432		UNSECURED				\$130,299.67
UZ INSULATION SERVICES 3021 162ND LANE NW Andover, MN 55304		UNSECURED				\$9,265.40

Fill in this information to identify the case:

Debtor name **ADVANCE COMPANIES INC**

United States Bankruptcy Court for the: **DISTRICT OF MINNESOTA**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 206Sum**  
**Summary of Assets and Liabilities for Non-Individuals**

12/15

**Part 1: Summary of Assets**

1. **Schedule A/B: Assets-Real and Personal Property** (Official Form 206A/B)

1a. **Real property:**

Copy line 88 from *Schedule A/B*..... \$ **0.00**

1b. **Total personal property:**

Copy line 91A from *Schedule A/B*..... \$ **98,837.19**

1c. **Total of all property:**

Copy line 92 from *Schedule A/B*..... \$ **98,837.19**

**Part 2: Summary of Liabilities**

2. **Schedule D: Creditors Who Have Claims Secured by Property** (Official Form 206D)

Copy the total dollar amount listed in Column A, *Amount of claim*, from line 3 of *Schedule D*..... \$ **652,390.31**

3. **Schedule E/F: Creditors Who Have Unsecured Claims** (Official Form 206E/F)

3a. **Total claim amounts of priority unsecured claims:**

Copy the total claims from Part 1 from line 5a of *Schedule E/F*..... \$ **35,500.00**

3b. **Total amount of claims of nonpriority amount of unsecured claims:**

Copy the total of the amount of claims from Part 2 from line 5b of *Schedule E/F*..... +\$ **827,968.48**

4. **Total liabilities** .....  
Lines 2 + 3a + 3b

\$ **1,515,858.79**

## Fill in this information to identify the case:

Debtor name **ADVANCE COMPANIES INC**United States Bankruptcy Court for the: **DISTRICT OF MINNESOTA**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

## Official Form 206A/B

## Schedule A/B: Assets - Real and Personal Property

12/15

Disclose all property, real and personal, which the debtor owns or in which the debtor has any other legal, equitable, or future interest. Include all property in which the debtor holds rights and powers exercisable for the debtor's own benefit. Also include assets and properties which have no book value, such as fully depreciated assets or assets that were not capitalized. In Schedule A/B, list any executory contracts or unexpired leases. Also list them on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G).

Be as complete and accurate as possible. If more space is needed, attach a separate sheet to this form. At the top of any pages added, write the debtor's name and case number (if known). Also identify the form and line number to which the additional information applies. If an additional sheet is attached, include the amounts from the attachment in the total for the pertinent part.

For Part 1 through Part 11, list each asset under the appropriate category or attach separate supporting schedules, such as a fixed asset schedule or depreciation schedule, that gives the details for each asset in a particular category. List each asset only once. In valuing the debtor's interest, do not deduct the value of secured claims. See the instructions to understand the terms used in this form.

**Part 1: Cash and cash equivalents****1. Does the debtor have any cash or cash equivalents?**

- ☐ No. Go to Part 2.  
☒ Yes Fill in the information below.

All cash or cash equivalents owned or controlled by the debtor

Current value of debtor's interest

**3. Checking, savings, money market, or financial brokerage accounts (Identify all)**

Name of institution (bank or brokerage firm)

Type of account

Last 4 digits of account number

3.1. **US BANK, N.A.****CHECKING****7014****\$21,712.94****4. Other cash equivalents (Identify all)****5. Total of Part 1.**

Add lines 2 through 4 (including amounts on any additional sheets). Copy the total to line 80.

**\$21,712.94****Part 2: Deposits and Prepayments****6. Does the debtor have any deposits or prepayments?**

- ☒ No. Go to Part 3.  
☐ Yes Fill in the information below.

**Part 3: Accounts receivable****10. Does the debtor have any accounts receivable?**

- ☐ No. Go to Part 4.  
☒ Yes Fill in the information below.

**11. Accounts receivable**

11a. 90 days old or less:

**7,124.25**

-

**0.00** = ...**\$7,124.25**

face amount

doubtful or uncollectible accounts

Debtor ADVANCE COMPANIES INC Case number (If known) \_\_\_\_\_  
Name

11b. Over 90 days old: 923,038.55 - 873,038.55 =.... \$50,000.00  
face amount doubtful or uncollectible accounts

12. **Total of Part 3.**

Current value on lines 11a + 11b = line 12. Copy the total to line 82.

\$57,124.25

**Part 4: Investments**

13. Does the debtor own any investments?

- ☒ No. Go to Part 5.  
☐ Yes Fill in the information below.

**Part 5: Inventory, excluding agriculture assets**

18. Does the debtor own any inventory (excluding agriculture assets)?

- ☒ No. Go to Part 6.  
☐ Yes Fill in the information below.

**Part 6: Farming and fishing-related assets (other than titled motor vehicles and land)**

27. Does the debtor own or lease any farming and fishing-related assets (other than titled motor vehicles and land)?

- ☒ No. Go to Part 7.  
☐ Yes Fill in the information below.

**Part 7: Office furniture, fixtures, and equipment; and collectibles**

38. Does the debtor own or lease any office furniture, fixtures, equipment, or collectibles?

- ☐ No. Go to Part 8.  
☒ Yes Fill in the information below.

	General description	Net book value of debtor's interest (Where available)	Valuation method used for current value	Current value of debtor's interest
39.	Office furniture			
40.	Office fixtures			
41.	Office equipment, including all computer equipment and communication systems equipment and software OFFICE EQUIPMENT AND COMPUTERS	\$0.00	Liquidation	\$5,000.00
	10 DEHUMIDIFIERS, 20 FANS, 2 CARPET CLEANING MACHINES, 2 HAND HELD MOISTURE READERS	\$0.00	Liquidation	\$15,000.00

42. **Collectibles** Examples: Antiques and figurines; paintings, prints, or other artwork; books, pictures, or other art objects; china and crystal; stamp, coin, or baseball card collections; other collections, memorabilia, or collectibles

43. **Total of Part 7.**

Add lines 39 through 42. Copy the total to line 86.

\$20,000.00

44. Is a depreciation schedule available for any of the property listed in Part 7?

Debtor ADVANCE COMPANIES INC Case number (If known) \_\_\_\_\_  
Name

- ☐ No  
☐ Yes

45. Has any of the property listed in Part 7 been appraised by a professional within the last year?

- ☐ No  
☐ Yes

**Part 8: Machinery, equipment, and vehicles**

46. Does the debtor own or lease any machinery, equipment, or vehicles?

- ☐ No. Go to Part 9.  
☐ Yes Fill in the information below.

**Part 9: Real property**

54. Does the debtor own or lease any real property?

- ☐ No. Go to Part 10.  
☐ Yes Fill in the information below.

**Part 10: Intangibles and intellectual property**

59. Does the debtor have any interests in intangibles or intellectual property?

- ☐ No. Go to Part 11.  
☐ Yes Fill in the information below.

**Part 11: All other assets**

70. Does the debtor own any other assets that have not yet been reported on this form?

Include all interests in executory contracts and unexpired leases not previously reported on this form.

- ☐ No. Go to Part 12.  
☐ Yes Fill in the information below.

Debtor ADVANCE COMPANIES INC Case number (If known) \_\_\_\_\_  
Name

**Part 12: Summary**

In Part 12 copy all of the totals from the earlier parts of the form

Type of property	Current value of personal property	Current value of real property
80. <b>Cash, cash equivalents, and financial assets.</b> <i>Copy line 5, Part 1</i>	<b>\$21,712.94</b>	
81. <b>Deposits and prepayments.</b> <i>Copy line 9, Part 2.</i>	<b>\$0.00</b>	
82. <b>Accounts receivable.</b> <i>Copy line 12, Part 3.</i>	<b>\$57,124.25</b>	
83. <b>Investments.</b> <i>Copy line 17, Part 4.</i>	<b>\$0.00</b>	
84. <b>Inventory.</b> <i>Copy line 23, Part 5.</i>	<b>\$0.00</b>	
85. <b>Farming and fishing-related assets.</b> <i>Copy line 33, Part 6.</i>	<b>\$0.00</b>	
86. <b>Office furniture, fixtures, and equipment; and collectibles.</b> <i>Copy line 43, Part 7.</i>	<b>\$20,000.00</b>	
87. <b>Machinery, equipment, and vehicles.</b> <i>Copy line 51, Part 8.</i>	<b>\$0.00</b>	
88. <b>Real property.</b> <i>Copy line 56, Part 9.....&gt;</i>		<b>\$0.00</b>
89. <b>Intangibles and intellectual property.</b> <i>Copy line 66, Part 10.</i>	<b>\$0.00</b>	
90. <b>All other assets.</b> <i>Copy line 78, Part 11.</i>	<b>\$0.00</b>	
91. <b>Total.</b> Add lines 80 through 90 for each column	<b>\$98,837.19</b>	<b>\$0.00</b>
92. <b>Total of all property on Schedule A/B.</b> Add lines 91a+91b=92		<b>\$98,837.19</b>

Fill in this information to identify the case:

Debtor name **ADVANCE COMPANIES INC**

United States Bankruptcy Court for the: **DISTRICT OF MINNESOTA**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 206D

Schedule D: Creditors Who Have Claims Secured by Property

12/15

Be as complete and accurate as possible.

1. Do any creditors have claims secured by debtor's property?

- ☐ No. Check this box and submit page 1 of this form to the court with debtor's other schedules. Debtor has nothing else to report on this form.
- ☒ Yes. Fill in all of the information below.

Part 1: List Creditors Who Have Secured Claims

2. List in alphabetical order all creditors who have secured claims. If a creditor has more than one secured claim, list the creditor separately for each claim.

		Column A Amount of claim  Do not deduct the value of collateral.	Column B Value of collateral that supports this claim	
2.1	<b>CANFIELD CAPITAL LLC</b> <small>Creditor's Name</small> <b>ATTN CHIEF MANAGER</b> <b>30 N GOULD ST STE R</b> <b>Sheridan, WY 82801</b> <small>Creditor's mailing address</small>  <small>Creditor's email address, if known</small>  <b>Date debt was incurred</b> <b>03/17/2025</b> <b>Last 4 digits of account number</b>  <b>Do multiple creditors have an interest in the same property?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Specify each creditor, including this creditor and its relative priority.	<b>Describe debtor's property that is subject to a lien</b> <b>FUTURE ACCOUNTS RECEIVABLE</b>  <b>Describe the lien</b> <b>UCC-1 FINANCING STATEMENT</b> <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Is anyone else liable on this claim?</b> <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)  <b>As of the petition filing date, the claim is:</b> Check all that apply <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$57,310.00</b>	<b>\$0.00</b>

2.2	<b>CT CORPORATION</b> <b>SYSTEM INC</b> <small>Creditor's Name</small> <b>330 N BRAND BLVD STE 700</b> <b>ATTN SPRS</b> <b>Glendale, CA 91203</b> <small>Creditor's mailing address</small>  <small>Creditor's email address, if known</small>  <b>Date debt was incurred</b> <b>11/17/2022</b> <b>Last 4 digits of account number</b>	<b>Describe debtor's property that is subject to a lien</b> <b>BLANKET LIEN - ALL ASSETS</b>  <b>Describe the lien</b> <b>UCC-1 FINANCING STATEMENT</b> <b>Is the creditor an insider or related party?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes <b>Is anyone else liable on this claim?</b> <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes. Fill out <i>Schedule H: Codebtors</i> (Official Form 206H)	<b>\$98,837.19 *</b>	<b>\$98,837.19</b>  *AMOUNT ESTIMATED
-----	--	---	----------------------	---

Debtor **ADVANCE COMPANIES INC**

Case number (if known)

Name

**Do multiple creditors have an interest in the same property?**

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

**2.3 FINANCIAL PACIFIC LEASING, INC.**

Creditor's Name

**PO BOX 4568  
Auburn, WA 98001**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred**

**09/19/2024**

**Last 4 digits of account number**

**Do multiple creditors have an interest in the same property?**

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

**Describe debtor's property that is subject to a lien**

**10 DEHUMIDIFIERS, 20 FANS, 2 CARPET CLEANING MACHINES, 2 HAND HELD MOISTURE READERS**

**\$15,000.00**

**\$15,000.00**

**Describe the lien**

**UCC-1 FINANCING STATEMENT**

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Is anyone else liable on this claim?**

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

**2.4 FYM CAPITAL LLC**

Creditor's Name

**ATTN CHIEF MANAGER  
433 PLAZA REAL STE 275  
Boca Raton, FL 33432**

Creditor's mailing address

Creditor's email address, if known

**Date debt was incurred**

**02/13/2025**

**Last 4 digits of account number**

**Do multiple creditors have an interest in the same property?**

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

**Describe debtor's property that is subject to a lien**

**BLANKET LIEN - ALL ASSETS**

**\$95,561.24**

**\$0.00**

**Describe the lien**

**UCC-1 FINANCING STATEMENT**

**Is the creditor an insider or related party?**

☒ No

☐ Yes

**Is anyone else liable on this claim?**

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

**As of the petition filing date, the claim is:**

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

**2.5 LIQUIDITY ACCESS LLC**

Creditor's Name

**25 MELVILLE PARK RD  
STE 60  
Melville, NY 11747-3172**

Creditor's mailing address

**Describe debtor's property that is subject to a lien**

**BLANKET LIEN - ALL ASSETS**

**\$385,681.88**

**\$0.00**

**Describe the lien**

**UCC-1 FINANCING STATEMENT**



Debtor **ADVANCE COMPANIES INC**

Case number (if known)

Name

Is the creditor an insider or related party?

☒ No

☐ Yes

Is anyone else liable on this claim?

☐ No

☒ Yes. Fill out *Schedule H: Codebtors* (Official Form 206H)

Creditor's email address, if known

Date debt was incurred

**12/26/2024**

Last 4 digits of account number

Do multiple creditors have an interest in the same property?

☒ No

☐ Yes. Specify each creditor, including this creditor and its relative priority.

As of the petition filing date, the claim is:

Check all that apply

☐ Contingent

☐ Unliquidated

☐ Disputed

3. Total of the dollar amounts from Part 1, Column A, including the amounts from the Additional Page, if any.

**\$652,390.31**

**Part 2: List Others to Be Notified for a Debt Already Listed in Part 1**

List in alphabetical order any others who must be notified for a debt already listed in Part 1. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for secured creditors.

If no others need to be notified for the debts listed in Part 1, do not fill out or submit this page. If additional pages are needed, copy this page.

Name and address

On which line in Part 1 did you enter the related creditor?

Last 4 digits of account number for this entity

**BORIS YANKOVICH ESQ  
2916 SHELL RD  
Brooklyn, NY 11224**

Line **2.5**

**Fill in this information to identify the case:**

Debtor name **ADVANCE COMPANIES INC**

United States Bankruptcy Court for the: **DISTRICT OF MINNESOTA**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

**Official Form 206E/F**

**Schedule E/F: Creditors Who Have Unsecured Claims**

12/15

Be as complete and accurate as possible. Use Part 1 for creditors with PRIORITY unsecured claims and Part 2 for creditors with NONPRIORITY unsecured claims. List the other party to any executory contracts or unexpired leases that could result in a claim. Also list executory contracts on *Schedule A/B: Assets - Real and Personal Property* (Official Form 206A/B) and on *Schedule G: Executory Contracts and Unexpired Leases* (Official Form 206G). Number the entries in Parts 1 and 2 in the boxes on the left. If more space is needed for Part 1 or Part 2, fill out and attach the Additional Page of that Part included in this form.

**Part 1: List All Creditors with PRIORITY Unsecured Claims**

1. Do any creditors have priority unsecured claims? (See 11 U.S.C. § 507).

☐ No. Go to Part 2.

☒ Yes. Go to line 2.

2. List in alphabetical order all creditors who have unsecured claims that are entitled to priority in whole or in part. If the debtor has more than 3 creditors with priority unsecured claims, fill out and attach the Additional Page of Part 1.

			Total claim	Priority amount
2.1	Priority creditor's name and mailing address <b>IRS</b> <b>PO BOX 7346</b> <b>Philadelphia, PA 19101-7346</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$35,000.00</b>	<b>\$35,000.00</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: <b>PRIORITY TAXES</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
2.2	Priority creditor's name and mailing address <b>MINNESOTA DEPT OF REV</b> <b>COLLECTION DIVISION</b> <b>PO BOX 64564</b> <b>Saint Paul, MN 55164-0564</b>	As of the petition filing date, the claim is: <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed	<b>\$500.00</b>	<b>\$500.00</b>
	Date or dates debt was incurred  Last 4 digits of account number Specify Code subsection of PRIORITY unsecured claim: 11 U.S.C. § 507(a) (8)	Basis for the claim: <b>PRIORITY TAXES</b>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

**Part 2: List All Creditors with NONPRIORITY Unsecured Claims**

3. List in alphabetical order all of the creditors with nonpriority unsecured claims. If the debtor has more than 6 creditors with nonpriority unsecured claims, fill out and attach the Additional Page of Part 2.

Amount of claim

Debtor	<b>ADVANCE COMPANIES INC</b> <small>Name</small>	Case number (if known)
--------	---	------------------------

---

3.1	<b>Nonpriority creditor's name and mailing address</b> <b>5G PRO CONSTRUCTION AND REMODELING LLC</b> <b>6861 OAKLEY ST NE</b> <b>FRIDLEY, MN 55432</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>UNSECURED</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,000.00</b>
-----	---	--	-------------------

---

3.2	<b>Nonpriority creditor's name and mailing address</b> <b>ABC SUPPLY CO</b> <b>15631 COLLECTON CENTER</b> <b>Chicago, IL 60693-0156</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>UNSECURED</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$24,161.22</b>
-----	--	--	--------------------

---

3.3	<b>Nonpriority creditor's name and mailing address</b> <b>ADAM KLEMMENSEN</b> <b>2622 STINSON BLVD</b> <b>Minneapolis, MN 55418</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>POSSIBLE CLAIM</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
-----	--	---	----------------

---

3.4	<b>Nonpriority creditor's name and mailing address</b> <b>AFCO</b> <b>PO BOX 360572</b> <b>Pittsburgh, PA 15250-6572</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>UNSECURED</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,274.82</b>
-----	---	--	-------------------

---

3.5	<b>Nonpriority creditor's name and mailing address</b> <b>AKER DOORS, INC</b> <b>17124 ULYSSES ST NE</b> <b>Andover, MN 55304</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>UNSECURED</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,794.96</b>
-----	--	--	-------------------

---

3.6	<b>Nonpriority creditor's name and mailing address</b> <b>ALACRITY SOLUTIONS</b> <b>360 E. 10TH AVE STE 400</b> <b>Albertville, MN 55301</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>UNSECURED</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,217.39</b>
-----	---	--	-------------------

---

3.7	<b>Nonpriority creditor's name and mailing address</b> <b>ALI HASSAN</b> <b>6599 CHANNEL RD NE</b> <b>FRIDLEY, MN 55432-4628</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>POSSIBLE CLAIM</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
-----	---	---	----------------

Debtor	<b>ADVANCE COMPANIES INC</b> <small>Name</small>	Case number (if known) _____
--------	---	------------------------------

---

3.8	<b>Nonpriority creditor's name and mailing address</b> <b>ALLY BANK</b> <b>PO BOX 380902</b> <b>BLOOMINGTON, MN 55438</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>UNSECURED - VEHICLE DEFICIENCIES</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
-----	--	---	----------------

---

3.9	<b>Nonpriority creditor's name and mailing address</b> <b>APEX MECHANICAL</b> <b>1507 SE EATON BLVD</b> <b>Battle Ground, WA 98604</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>UNSECURED</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$752.00</b>
-----	---	--	-----------------

---

3.10	<b>Nonpriority creditor's name and mailing address</b> <b>B &amp; D PLUMBING HEATING &amp; AIR</b> <b>4145 MACKENZIE COURT N. E.</b> <b>Saint Michael, MN 55376</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>UNSECURED</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$68,831.10</b>
------	--	--	--------------------

---

3.11	<b>Nonpriority creditor's name and mailing address</b> <b>B &amp; M HAZELWOOD MASONRY, INC</b> <b>2175 LAKE GEORGE PARKWAY</b> <b>OAK GROVE, MN 55011</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>UNSECURED</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,552.80</b>
------	--	--	-------------------

---

3.12	<b>Nonpriority creditor's name and mailing address</b> <b>BEACON</b> <b>3112 TRUCK CENTER DR</b> <b>Duluth, MN 55806</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>UNSECURED</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,312.33</b>
------	---	--	-------------------

---

3.13	<b>Nonpriority creditor's name and mailing address</b> <b>BIFFS INC</b> <b>6430 COUNTY RD 101 E</b> <b>Shakopee, MN 55379</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>UNSECURED</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$616.47</b>
------	--	--	-----------------

---

3.14	<b>Nonpriority creditor's name and mailing address</b> <b>BRENTS BIFFIES INC</b> <b>4771 CARIBOU LAKE RD</b> <b>Saginaw, MN 55779</b>  Date(s) debt was incurred _____ Last 4 digits of account number _____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>UNSECURED</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$787.35</b>
------	--	--	-----------------

Debtor	<b>ADVANCE COMPANIES INC</b> <small>Name</small>	Case number (if known)
--------	---	------------------------

---

3.15	<b>Nonpriority creditor's name and mailing address</b> <b>CABINETRY CONCEPTS</b> <b>14410 AZURITE STREET NW</b> <b>Anoka, MN 55303</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>UNSECURED</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,044.74</b>
------	---	--	-------------------

---

3.16	<b>Nonpriority creditor's name and mailing address</b> <b>CAPITAL ONE TRADE CREDIT</b> <b>PO BOX 60506</b> <b>City of Industry, CA 91716-0506</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>UNSECURED</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,763.90</b>
------	--	--	-------------------

---

3.17	<b>Nonpriority creditor's name and mailing address</b> <b>CASSANDRA ROBINSON</b> <b>1942 RIPLEY AVE</b> <b>MAPLEWOOD, MN 55109</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>POSSIBLE CLAIM</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
------	---	---	----------------

---

3.18	<b>Nonpriority creditor's name and mailing address</b> <b>CBIZ ADVISORS, LLC</b> <b>12993 COLLECTIONS CENTER DR</b> <b>Chicago, IL 60693</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>UNSECURED</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$15,000.00</b>
------	---	--	--------------------

---

3.19	<b>Nonpriority creditor's name and mailing address</b> <b>CENTERPOINT ENERGY</b> <b>PO BOX 1144</b> <b>Minneapolis, MN 55440</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>UNSECURED</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,935.50</b>
------	---	--	-------------------

---

3.20	<b>Nonpriority creditor's name and mailing address</b> <b>CENTRA SODABLASTING</b> <b>PO BOX 489</b> <b>Northfield, MN 55057</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>UNSECURED</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$700.00</b>
------	--	--	-----------------

---

3.21	<b>Nonpriority creditor's name and mailing address</b> <b>CLOUD CONTENTS, INC</b> <b>14160 BASALT ST NW</b> <b>Anoka, MN 55303</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>UNSECURED</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$34,987.86</b>
------	---	--	--------------------

Debtor	<b>ADVANCE COMPANIES INC</b> <small>Name</small>	Case number (if known)
--------	---	------------------------

---

3.22	<b>Nonpriority creditor's name and mailing address</b> <b>COORDINATED BUSINESS SYSTEMS LTD</b> <b>851 W 128TH ST</b> <b>Burnsville, MN 55337</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>UNSECURED</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$108.19</b>
------	---	--	-----------------

---

3.23	<b>Nonpriority creditor's name and mailing address</b> <b>CRAIG BETTMAN</b> <b>8393 MARSH CREEK RD</b> <b>WOODBURY, MN 55123</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>POSSIBLE CLAIM</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
------	---	---	----------------

---

3.24	<b>Nonpriority creditor's name and mailing address</b> <b>CULLIGAN BOTTLED WATER</b> <b>DEPT. 18511</b> <b>PO BOX 77043</b> <b>Minneapolis, MN 55480</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>UNSECURED</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$91.86</b>
------	--	--	----------------

---

3.25	<b>Nonpriority creditor's name and mailing address</b> <b>ENCOMPASS, INC</b> <b>5435 FELTL RD</b> <b>Hopkins, MN 55343</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>UNSECURED</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,117.96</b>
------	---	--	-------------------

---

3.26	<b>Nonpriority creditor's name and mailing address</b> <b>ERICKSON ASPHALT &amp; CONCRETE</b> <b>PO BOX 176</b> <b>Princeton, MN 55371</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>UNSECURED</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,738.00</b>
------	---	--	-------------------

---

3.27	<b>Nonpriority creditor's name and mailing address</b> <b>FIFTH THIRD BANK</b> <b>PO BOX 630412</b> <b>Cincinnati, OH 45263-0412</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>UNSECURED</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,380.51</b>
------	---	--	-------------------

---

3.28	<b>Nonpriority creditor's name and mailing address</b> <b>GARAGE FORCE</b> <b>18525 HWY 212</b> <b>Norwood Young America, MN 55368</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>UNSECURED</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$13,453.00</b>
------	---	--	--------------------

Debtor	<b>ADVANCE COMPANIES INC</b> <small>Name</small>	Case number (if known)
--------	---	------------------------

---

3.29	<b>Nonpriority creditor's name and mailing address</b> <b>GLACIER HOMES LLC</b> <b>3925 LOVELL RD</b> <b>LEXINGTON, MN 55014</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$3,577.94</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>UNSECURED</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	---

---

3.30	<b>Nonpriority creditor's name and mailing address</b> <b>GM FINANCIAL</b> <b>PO BOX 181145</b> <b>Arlington, TX 76096</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>Unknown</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>UNSECURED - VEHICLE DEFICIENCIES</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	---

---

3.31	<b>Nonpriority creditor's name and mailing address</b> <b>GO MINI MSP</b> <b>8271 WEST 35W SERVICE DR</b> <b>Minneapolis, MN 55449</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$2,351.70</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>UNSECURED</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	---

---

3.32	<b>Nonpriority creditor's name and mailing address</b> <b>GOLDEN VALLEY SUPPLY COMPANY</b> <b>1000 ZANE AVE N</b> <b>Minneapolis, MN 55422</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$107.09</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>UNSECURED</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	---

---

3.33	<b>Nonpriority creditor's name and mailing address</b> <b>GREAT AMERICA BIG PRINTER</b> <b>PO BOX 660831</b> <b>Dallas, TX 75266</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$474.66</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>UNSECURED</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	---	---

---

3.34	<b>Nonpriority creditor's name and mailing address</b> <b>HAMERNICK'S FLOORING SOLUTIONS</b> <b>9449 SCIENCE CENTER DRIVE STE 200</b> <b>Saint Paul, MN 55117</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$68,007.51</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>UNSECURED</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	--	--

---

3.35	<b>Nonpriority creditor's name and mailing address</b> <b>HANK'S SPECIALTIES</b> <b>PO BOX 120150</b> <b>Saint Paul, MN 55112</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$303.75</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>UNSECURED</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
------	--	---

Debtor	<b>ADVANCE COMPANIES INC</b> <small>Name</small>	Case number (if known)
--------	---	------------------------

---

3.36	<b>Nonpriority creditor's name and mailing address</b> <b>HEALTHPARTNERS</b> <b>PO BOX 772648</b> <b>Detroit, MI 48277</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>UNSECURED</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$37,695.05</b>
------	---	--	--------------------

---

3.37	<b>Nonpriority creditor's name and mailing address</b> <b>HENRY SPENCER</b> <b>14961 MADISON ST NE</b> <b>HAM LAKE, MN 55304</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>POSSIBLE CLAIM</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
------	---	---	----------------

---

3.38	<b>Nonpriority creditor's name and mailing address</b> <b>HIRSHFIELD'S</b> <b>725 2ND AVE N</b> <b>Minneapolis, MN 55405</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>UNSECURED</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$130.05</b>
------	---	--	-----------------

---

3.39	<b>Nonpriority creditor's name and mailing address</b> <b>HOME DEPOT</b> <b>5650 MAIN STREET NE</b> <b>Minneapolis, MN 55432</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>UNSECURED</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$340.50</b>
------	---	--	-----------------

---

3.40	<b>Nonpriority creditor's name and mailing address</b> <b>HOME OPTIONS &amp; UPGRADES, INC</b> <b>16428 84TH AVE N</b> <b>Osseo, MN 55311</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>UNSECURED</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$427.00</b>
------	--	--	-----------------

---

3.41	<b>Nonpriority creditor's name and mailing address</b> <b>IMPACT INTERIORS, LLC</b> <b>305 S 24TH STREET</b> <b>Kansas City, KS 66106</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>UNSECURED</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,482.04</b>
------	--	--	-------------------

---

3.42	<b>Nonpriority creditor's name and mailing address</b> <b>JACOB WINTER</b> <b>33664 FOREST BLVD</b> <b>Stacy, MN 55079</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>POSSIBLE CLAIM</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
------	---	---	----------------



Debtor	<b>ADVANCE COMPANIES INC</b> <small>Name</small>	Case number (if known) _____
--------	---	------------------------------

---

3.43	<b>Nonpriority creditor's name and mailing address</b> <b>JGC PAINT WORK LLC</b> <b>ATTN JORGE GARCIA</b> <b>1235 BUSH AVE</b> <b>Saint Paul, MN 55106</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>UNSECURED</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$36,976.87</b>
------	--	--	--------------------

---

3.44	<b>Nonpriority creditor's name and mailing address</b> <b>JONATHAN WINDOW DESIGNS</b> <b>565-127TH LANE NW</b> <b>Minneapolis, MN 55448</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>UNSECURED</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$372.24</b>
------	--	--	-----------------

---

3.45	<b>Nonpriority creditor's name and mailing address</b> <b>KAMARI LITTLE</b> <b>7320 UNITY LN N</b> <b>Minneapolis, MN 55443-5203</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>POSSIBLE CLAIM</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
------	---	---	----------------

---

3.46	<b>Nonpriority creditor's name and mailing address</b> <b>KASEY K JOHNSON</b> <b>112 150TH ST W</b> <b>APPLY VALLEY, MN 55124-8951</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>POSSIBLE CLAIM</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
------	---	---	----------------

---

3.47	<b>Nonpriority creditor's name and mailing address</b> <b>KAYLEE KOSMIDES</b> <b>7527 WASHBURN AVE S</b> <b>Minneapolis, MN 55423-3538</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>POSSIBLE CLAIM</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
------	---	---	----------------

---

3.48	<b>Nonpriority creditor's name and mailing address</b> <b>LENDSPARK</b> <b>2554 GATEWAY RD</b> <b>Carlsbad, CA 92009</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>UNSECURED</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,585.22</b>
------	---	--	-------------------

---

3.49	<b>Nonpriority creditor's name and mailing address</b> <b>LENDSPARK EQUIPMENT</b> <b>2554 GATEWAY RD</b> <b>Carlsbad, CA 92009</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>UNSECURED</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$2,000.00</b>
------	---	--	-------------------

Debtor	<b>ADVANCE COMPANIES INC</b> <small>Name</small>	Case number (if known)
--------	---	------------------------

---

3.50	<b>Nonpriority creditor's name and mailing address</b> <b>LIBERTY FUNDING GROUP LLC</b> <b>ATTN CHIEF MANAGER</b> <b>1401 CAMINO DEL MAR STE 202</b> <b>Del Mar, CA 92014</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>POSSIBLE CLAIM</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
------	---	---	----------------

---

3.51	<b>Nonpriority creditor's name and mailing address</b> <b>LLOYD'S CONSTRUCTION SERVICES, INC</b> <b>6528 CO. RD 101 E</b> <b>Shakopee, MN 55379</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>UNSECURED</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,437.28</b>
------	--	--	-------------------

---

3.52	<b>Nonpriority creditor's name and mailing address</b> <b>LNM CONSTRUCTION LLC</b> <b>3510 DARROW AVE SE</b> <b>Buffalo, MN 55313</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>UNSECURED</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,154.72</b>
------	--	--	-------------------

---

3.53	<b>Nonpriority creditor's name and mailing address</b> <b>LUKEN GOOD FLOORING LLC</b> <b>23514 HOPI ST NW ST</b> <b>Saint Francis, MN 55070</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>UNSECURED</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$800.00</b>
------	--	--	-----------------

---

3.54	<b>Nonpriority creditor's name and mailing address</b> <b>MALANIE WANG</b> <b>4908 103RD AVE</b> <b>Minneapolis, MN 55443</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>POSSIBLE CLAIM</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
------	--	---	----------------

---

3.55	<b>Nonpriority creditor's name and mailing address</b> <b>MCA RESOLVE LLC</b> <b>220 CONGRESS PARK STE 215</b> <b>Delray Beach, FL 33445</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input checked="" type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>POSSIBLE CLAIM</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
------	---	--	----------------

---

3.56	<b>Nonpriority creditor's name and mailing address</b> <b>MICHAEL LARSON</b> <b>9705 40TH ST</b> <b>Princeton, MN 55371-6129</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>POSSIBLE CLAIM</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
------	---	---	----------------

Debtor	<b>ADVANCE COMPANIES INC</b> <small>Name</small>	Case number (if known)
--------	---	------------------------

---

3.57	<b>Nonpriority creditor's name and mailing address</b> <b>MINUTEMEN PRESS</b> <b>525 MAIN STREET STE 300</b> <b>Saint Paul, MN 55112</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>UNSECURED</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$205.66</b>
------	---	--	-----------------

---

3.58	<b>Nonpriority creditor's name and mailing address</b> <b>MN DEPT OF EMPLOY AND ECON DEV</b> <b>BANKRUPTCY DIVISION</b> <b>332 MINNESOTA ST STE E200</b> <b>Saint Paul, MN 55101</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>NOTICE</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
------	--	---	---------------

---

3.59	<b>Nonpriority creditor's name and mailing address</b> <b>MS INTERNATIONAL INC</b> <b>10205 10TH AVE N</b> <b>SUITE B</b> <b>Minneapolis, MN 55441</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>UNSECURED</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$1,280.62</b>
------	--	--	-------------------

---

3.60	<b>Nonpriority creditor's name and mailing address</b> <b>NATALIE LOR</b> <b>1473 WESTERN AVE N</b> <b>Saint Paul, MN 55117</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>POSSIBLE CLAIM</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
------	--	---	----------------

---

3.61	<b>Nonpriority creditor's name and mailing address</b> <b>NATURE'S STONE &amp; CABINET LLC</b> <b>680 E TRAVELERS TRAIL</b> <b>Burnsville, MN 55337</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>UNSECURED</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,481.00</b>
------	--	--	-------------------

---

3.62	<b>Nonpriority creditor's name and mailing address</b> <b>NEXT GEAR SOLUTIONS</b> <b>PO BOX 200702</b> <b>Dallas, TX 75320</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>UNSECURED</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,094.60</b>
------	---	--	-------------------

---

3.63	<b>Nonpriority creditor's name and mailing address</b> <b>NOEL DONAHUE</b> <b>5540 PINE HILL RD</b> <b>Duluth, MN 55810-2148</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>POSSIBLE CLAIM</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
------	---	---	----------------

Debtor	<b>ADVANCE COMPANIES INC</b> <small>Name</small>	Case number (if known)
--------	---	------------------------

---

3.64	<b>Nonpriority creditor's name and mailing address</b> <b>NORBERTO SANTAMARIA</b> <b>1200 CIRCLE TERRACE BLVD NE #1202</b> <b>Minneapolis, MN 55421-3144</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>POSSIBLE CLAIM</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
------	---	---	----------------

---

3.65	<b>Nonpriority creditor's name and mailing address</b> <b>NYANGWESO EPPERSON</b> <b>17052 81ST AVE N</b> <b>MAPLE GROVE, MN 55311-1753</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>POSSIBLE CLAIM</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
------	---	---	----------------

---

3.66	<b>Nonpriority creditor's name and mailing address</b> <b>OVERCOTT EXTERIORS</b> <b>19717 JACKIE LANE ROGERS</b> <b>Rogers, MN 55374</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>UNSECURED</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$75,289.89</b>
------	---	--	--------------------

---

3.67	<b>Nonpriority creditor's name and mailing address</b> <b>PATRICA VAUK</b> <b>3209 47TH AVE S</b> <b>Minneapolis, MN 55406-2334</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>POSSIBLE CLAIM</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
------	--	---	----------------

---

3.68	<b>Nonpriority creditor's name and mailing address</b> <b>PLUSWOOD DISTRIBUTERS LLC</b> <b>PO BOX 5</b> <b>Montevideo, MN 56265</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>UNSECURED</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$6,309.74</b>
------	--	--	-------------------

---

3.69	<b>Nonpriority creditor's name and mailing address</b> <b>PREMIER IT LLC</b> <b>7384 KIRKWOOD CT #100</b> <b>Osseo, MN 55369</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>UNSECURED</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$8,958.55</b>
------	---	--	-------------------

---

3.70	<b>Nonpriority creditor's name and mailing address</b> <b>PRINT CENTRAL</b> <b>9260 BALTIMORE ST NE</b> <b>Minneapolis, MN 55449</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>UNSECURED</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$118.94</b>
------	---	--	-----------------

Debtor	<b>ADVANCE COMPANIES INC</b> <small>Name</small>	Case number (if known)
--------	---	------------------------

---

3.71	<b>Nonpriority creditor's name and mailing address</b> <b>QUIKBOOK PAYMENTS</b> <b>2700 COAST AVE</b> <b>Mountain View, CA 94043</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>UNSECURED</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$540.00</b>
------	---	--	-----------------

---

3.72	<b>Nonpriority creditor's name and mailing address</b> <b>RAINSE CHETANA</b> <b>5325 RIVER BLUFF CURV</b> <b>Minneapolis, MN 55437-3616</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>POSSIBLE CLAIM</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
------	--	---	----------------

---

3.73	<b>Nonpriority creditor's name and mailing address</b> <b>RING CENTRAL</b> <b>20 DAVIS DRIVE</b> <b>Belmont, CA 94002</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>UNSECURED</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$50.00</b>
------	--	--	----------------

---

3.74	<b>Nonpriority creditor's name and mailing address</b> <b>ROGER WASHBOURNE</b> <b>6725 NEW YORK AVE S APT 653</b> <b>EDINA, MN 55435-3241</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>UNSECURED/SHAREHOLDER LOAN</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$56,000.00</b>
------	--	---	--------------------

---

3.75	<b>Nonpriority creditor's name and mailing address</b> <b>SARAH HEGLAND</b> <b>1348 SCHLETTI ST</b> <b>Saint Paul, MN 55117</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>POSSIBLE CLAIM</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
------	--	---	----------------

---

3.76	<b>Nonpriority creditor's name and mailing address</b> <b>SCHERER BROTHERS LUMBER COMPANY</b> <b>PO BOX 1450</b> <b>Minneapolis, MN 55485</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>UNSECURED</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$13,401.91</b>
------	--	--	--------------------

---

3.77	<b>Nonpriority creditor's name and mailing address</b> <b>SEDGWICK CLAIMS MANAGEMENT SERVICES</b> <b>PO BOX 639153</b> <b>Cincinnati, OH 45263</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>UNSECURED</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$45,250.39</b>
------	---	--	--------------------

Debtor	<b>ADVANCE COMPANIES INC</b> <small>Name</small>	Case number (if known) _____
--------	---	------------------------------

  

3.78	<b>Nonpriority creditor's name and mailing address</b> <b>SHARONAH JACOBUS</b> <b>908 CONNOR AVE E</b> <b>MAPLEWOOD, MN 55109-1957</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>UNSECURED CLAIM</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.79	<b>Nonpriority creditor's name and mailing address</b> <b>SHERWIN WILLIAMS</b> <b>4110 CENTRAL AVE NE</b> <b>Minneapolis, MN 55421</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>UNSECURED</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$508.24</b>
3.80	<b>Nonpriority creditor's name and mailing address</b> <b>SHULMAN BUSKE PLLC</b> <b>ATTN DAVID SHULMAN</b> <b>126 NORTH THIRD ST STE 402</b> <b>Minneapolis, MN 55401</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>UNSECURED</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$750.00</b>
3.81	<b>Nonpriority creditor's name and mailing address</b> <b>SIWEK LUMBER &amp; MILLWORK</b> <b>2536 MARSHALL ST NE</b> <b>Minneapolis, MN 55418</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>UNSECURED</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$3,928.23</b>
3.82	<b>Nonpriority creditor's name and mailing address</b> <b>SOUTH SIDE ELECTRIC, INC</b> <b>9201 EAST FWY SUITE X</b> <b>Minneapolis, MN 55420</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>UNSECURED</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$56,233.42</b>
3.83	<b>Nonpriority creditor's name and mailing address</b> <b>STEVEN JOHN</b> <b>1014 THIRD AVE S</b> <b>Stillwater, MN 55082</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>POSSIBLE CLAIM</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
3.84	<b>Nonpriority creditor's name and mailing address</b> <b>T-MOBLIE</b> <b>PO BOX 742596</b> <b>Cincinnati, OH 45274</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>UNSECURED</b></u>  Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$131.47</b>

Debtor	<b>ADVANCE COMPANIES INC</b> <small>Name</small>	Case number (if known)
--------	---	------------------------

---

3.85	<b>Nonpriority creditor's name and mailing address</b> <b>TECH FINANCIAL SERVICES INC</b> <b>840 N. THIRD ST.</b> <b>SUITE 500</b> <b>Milwaukee, WI 53203</b> Date(s) debt was incurred <u>11/08/2021</u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>UNSECURED / POSSIBLE CLAIM</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>Unknown</b>
------	---	--	----------------

---

3.86	<b>Nonpriority creditor's name and mailing address</b> <b>TOTAL OUTDOOR SOLUTIONS, LLC</b> <b>40705 FINLEY RD</b> <b>North Branch, MN 55056</b> Date(s) debt was incurred <u>          </u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$5,500.00</b>
------	--	---	-------------------

---

3.87	<b>Nonpriority creditor's name and mailing address</b> <b>TOTALLY SITCHIN PLUS</b> <b>7593 HWY 65 NE</b> <b>Minneapolis, MN 55432</b> Date(s) debt was incurred <u>          </u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$158.00</b>
------	--	---	-----------------

---

3.88	<b>Nonpriority creditor's name and mailing address</b> <b>TRUE BLUE CONSTRUCTION SERVICES LLC</b> <b>7103 HWY 65 NE</b> <b>Minneapolis, MN 55432</b> Date(s) debt was incurred <u>          </u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$130,299.67</b>
------	---	---	---------------------

---

3.89	<b>Nonpriority creditor's name and mailing address</b> <b>US ATTORNEY</b> <b>600 US COURTHOUSE</b> <b>300 S FOURTH ST</b> <b>Minneapolis, MN 55415</b> Date(s) debt was incurred <u>          </u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>NOTICE</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$0.00</b>
------	--	--	---------------

---

3.90	<b>Nonpriority creditor's name and mailing address</b> <b>UZ INSULATION SERVICES</b> <b>3021 162ND LANE NW</b> <b>Andover, MN 55304</b> Date(s) debt was incurred <u>          </u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$9,265.40</b>
------	--	---	-------------------

---

3.91	<b>Nonpriority creditor's name and mailing address</b> <b>VARA FLOORING LLC</b> <b>14291 OAKHILL RD N</b> <b>Scandia, MN 55073</b> Date(s) debt was incurred <u>          </u> Last 4 digits of account number <u>          </u>	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed <b>Basis for the claim:</b> <u>UNSECURED</u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes	<b>\$7,928.00</b>
------	---	---	-------------------

Debtor	<b>ADVANCE COMPANIES INC</b> <small>Name</small>	Case number (if known) _____
--------	---	------------------------------

  

3.92	<b>Nonpriority creditor's name and mailing address</b> <b>VEHITECH FLEET SERVICE</b> <b>700 UNIVERSITY AVE</b> <b>Minneapolis, MN 55432</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$769.31</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>UNSECURED</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.93	<b>Nonpriority creditor's name and mailing address</b> <b>VERIZON WIRE</b> <b>PO BOX 489</b> <b>Newark, NJ 07101</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$591.24</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>UNSECURED</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.94	<b>Nonpriority creditor's name and mailing address</b> <b>WEX BANK</b> <b>PO BOX 6293</b> <b>Carol Stream, IL 60197-6293</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$3,178.18</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>UNSECURED</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.95	<b>Nonpriority creditor's name and mailing address</b> <b>XACTWARE SOLUTIONS, INC</b> <b>PO BOX 30196</b> <b>New York, NY 10087</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$6,298.21</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>UNSECURED</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.96	<b>Nonpriority creditor's name and mailing address</b> <b>XCEL ENERGY</b> <b>PO BOX 8</b> <b>Eau Claire, WI 54702</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$1,094.73</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>UNSECURED</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes
3.97	<b>Nonpriority creditor's name and mailing address</b> <b>Z BIO SCIENCE</b> <b>8401 LANCASTER AVE</b> <b>Bethel, PA 19507</b>  Date(s) debt was incurred ____ Last 4 digits of account number ____	<b>As of the petition filing date, the claim is:</b> <i>Check all that apply.</i> <span style="float: right;"><b>\$2,507.50</b></span> <input type="checkbox"/> Contingent <input type="checkbox"/> Unliquidated <input type="checkbox"/> Disputed  <b>Basis for the claim:</b> <u><b>UNSECURED</b></u> Is the claim subject to offset? <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes

**Part 3: List Others to Be Notified About Unsecured Claims**

4. List in alphabetical order any others who must be notified for claims listed in Parts 1 and 2. Examples of entities that may be listed are collection agencies, assignees of claims listed above, and attorneys for unsecured creditors.

If no others need to be notified for the debts listed in Parts 1 and 2, do not fill out or submit this page. If additional pages are needed, copy the next page.

	Name and mailing address	On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any
4.1	<b>MINNESOTA CONSTRUCTION LAW SERVICES</b> <b>ATTN KIMBERLY PRICE ESQ</b> <b>3030 CENTRE POINTE DR STE 100</b> <b>ROSEVILLE, MN 55113</b>	Line <u><b>3.88</b></u>  <input type="checkbox"/> Not listed. Explain ____	—



Debtor	<b>ADVANCE COMPANIES INC</b>	Case number (if known)	
	<small>Name</small>		
Name and mailing address		On which line in Part1 or Part 2 is the related creditor (if any) listed?	Last 4 digits of account number, if any

**Part 4: Total Amounts of the Priority and Nonpriority Unsecured Claims**

5. Add the amounts of priority and nonpriority unsecured claims.

5a. Total claims from Part 1

5b. Total claims from Part 2

5c. Total of Parts 1 and 2

Lines 5a + 5b = 5c.

Total of claim amounts	
5a.	\$ <b>35,500.00</b>
5b. +	\$ <b>827,968.48</b>
5c.	\$ <b>863,468.48</b>

Fill in this information to identify the case:

Debtor name **ADVANCE COMPANIES INC**

United States Bankruptcy Court for the: **DISTRICT OF MINNESOTA**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 206G

**Schedule G: Executory Contracts and Unexpired Leases**

12/15

Be as complete and accurate as possible. If more space is needed, copy and attach the additional page, number the entries consecutively.

1. Does the debtor have any executory contracts or unexpired leases?

☐ No. Check this box and file this form with the debtor's other schedules. There is nothing else to report on this form.

☒ Yes. Fill in all of the information below even if the contacts of leases are listed on *Schedule A/B: Assets - Real and Personal* (Official Form 206A/B).

*Property*

2. List all contracts and unexpired leases

State the name and mailing address for all other parties with whom the debtor has an executory contract or unexpired lease

2.1. State what the contract or lease is for and the nature of the debtor's interest

State the term remaining

List the contract number of any government contract

**COMPANY  
REPRESENTATIVE  
AGREEMENT -  
ASSUME  
12 MONTHS, WITH  
ANNUAL RENEWALS  
N/A**

**Z BIOSCIENCE INC  
800 S OHIO ST  
Tuscola, IL 61953**

Fill in this information to identify the case:

Debtor name **ADVANCE COMPANIES INC**

United States Bankruptcy Court for the: **DISTRICT OF MINNESOTA**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 206H

**Schedule H: Your Codebtors**

12/15

Be as complete and accurate as possible. If more space is needed, copy the Additional Page, numbering the entries consecutively. Attach the Additional Page to this page.

**1. Do you have any codebtors?**

☐ No. Check this box and submit this form to the court with the debtor's other schedules. Nothing else needs to be reported on this form.

☒ Yes

**2. In Column 1, list as codebtors all of the people or entities who are also liable for any debts listed by the debtor in the schedules of creditors, Schedules D-G. Include all guarantors and co-obligors. In Column 2, identify the creditor to whom the debt is owed and each schedule on which the creditor is listed. If the codebtor is liable on a debt to more than one creditor, list each creditor separately in Column 2.**

Column 1: Codebtor

Column 2: Creditor

Name

Mailing Address

Name

Check all schedules that apply:

2.1 **ROGER WASHBOURNE** 6725 NEW YORK AVE S APT 653 EDINA, MN 55435-3241 CO-DEBTOR

**LIQUIDITY ACCESS LLC**

☒ D 2.5  
☐ E/F \_\_\_\_\_  
☐ G \_\_\_\_\_

2.2 **ROGER WASHBOURNE** 6725 NEW YORK AVE S APT 653 EDINA, MN 55435-3241 CO-DEBTOR

**CANFIELD CAPITAL LLC**

☒ D 2.1  
☐ E/F \_\_\_\_\_  
☐ G \_\_\_\_\_

2.3 **ROGER WASHBOURNE** 6725 NEW YORK AVE S APT 653 EDINA, MN 55435-3241 CO-DEBTOR

**FINANCIAL PACIFIC LEASING, INC.**

☒ D 2.3  
☐ E/F \_\_\_\_\_  
☐ G \_\_\_\_\_

2.4 **ROGER WASHBOURNE** 6725 NEW YORK AVE S APT 653 EDINA, MN 55435-3241 CO-DEBTOR

**FYM CAPITAL LLC**

☒ D 2.4  
☐ E/F \_\_\_\_\_  
☐ G \_\_\_\_\_

Fill in this information to identify the case:

Debtor name **ADVANCE COMPANIES INC**

United States Bankruptcy Court for the: **DISTRICT OF MINNESOTA**

Case number (if known) \_\_\_\_\_

☐ Check if this is an amended filing

Official Form 207

Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy

04/25

The debtor must answer every question. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write the debtor's name and case number (if known).

Part 1: Income

1. Gross revenue from business

☐ None.

Identify the beginning and ending dates of the debtor's fiscal year, which may be a calendar year

From the beginning of the fiscal year to filing date:

From **1/01/2025** to **Filing Date**

Sources of revenue

Check all that apply

☐ Operating a business

☒ Other **GROSS REVENUE**

Gross revenue

(before deductions and exclusions)

**\$1,220,785.66**

For prior year:

From **1/01/2024** to **12/31/2024**

☐ Operating a business

☒ Other **GROSS REVENUE**

**\$4,375,848.47**

For year before that:

From **1/01/2023** to **12/31/2023**

☐ Operating a business

☒ Other **GROSS REVENUE**

**\$3,448,478.65**

2. Non-business revenue

Include revenue regardless of whether that revenue is taxable. *Non-business income* may include interest, dividends, money collected from lawsuits, and royalties. List each source and the gross revenue for each separately. Do not include revenue listed in line 1.

☒ None.

Description of sources of revenue

Gross revenue from each source

(before deductions and exclusions)

Part 2: List Certain Transfers Made Before Filing for Bankruptcy

3. Certain payments or transfers to creditors within 90 days before filing this case

List payments or transfers—including expense reimbursements—to any creditor, other than regular employee compensation, within 90 days before filing this case unless the aggregate value of all property transferred to that creditor is less than \$8,575. (This amount may be adjusted on 4/01/28 and every 3 years after that with respect to cases filed on or after the date of adjustment.)

☐ None.

Creditor's Name and Address

Dates

Total amount of value

Reasons for payment or transfer

Check all that apply

Debtor **ADVANCE COMPANIES INC**

Case number (if known) \_\_\_\_\_

Creditor's Name and Address	Dates	Total amount of value	Reasons for payment or transfer <i>Check all that apply</i>
3.1. <b>SEE ATTACHED EXHIBIT A</b>		<b>\$0.00</b>	<input type="checkbox"/> Secured debt <input type="checkbox"/> Unsecured loan repayments <input type="checkbox"/> Suppliers or vendors <input type="checkbox"/> Services <input type="checkbox"/> Other _____

**4. Payments or other transfers of property made within 1 year before filing this case that benefited any insider**

List payments or transfers, including expense reimbursements, made within 1 year before filing this case on debts owed to an insider or guaranteed or cosigned by an insider unless the aggregate value of all property transferred to or for the benefit of the insider is less than \$8,575. (This amount may be adjusted on 4/01/28 and every 3 years after that with respect to cases filed on or after the date of adjustment.) Do not include any payments listed in line 3. *Insiders* include officers, directors, and anyone in control of a corporate debtor and their relatives; general partners of a partnership debtor and their relatives; affiliates of the debtor and insiders of such affiliates; and any managing agent of the debtor. 11 U.S.C. § 101(31).

☒ None.

Insider's name and address Relationship to debtor	Dates	Total amount of value	Reasons for payment or transfer
--	-------	-----------------------	---------------------------------

**5. Repossessions, foreclosures, and returns**

List all property of the debtor that was obtained by a creditor within 1 year before filing this case, including property repossessed by a creditor, sold at a foreclosure sale, transferred by a deed in lieu of foreclosure, or returned to the seller. Do not include property listed in line 6.

☐ None

Creditor's name and address	Describe of the Property	Date	Value of property
<b>ALLY BANK PO BOX 380902 BLOOMINGTON, MN 55438</b>	<b>VARIOUS VEHICLES RETURNED</b>	<b>LAST 90 DAYS</b>	<b>Unknown</b>
<b>GM FINANCIAL PO BOX 181145 Arlington, TX 76096</b>	<b>VARIOUS VEHICLES RETURNED</b>	<b>LAST 90 DAYS</b>	<b>Unknown</b>

**6. Setoffs**

List any creditor, including a bank or financial institution, that within 90 days before filing this case set off or otherwise took anything from an account of the debtor without permission or refused to make a payment at the debtor's direction from an account of the debtor because the debtor owed a debt.

☒ None

Creditor's name and address	Description of the action creditor took	Date action was taken	Amount
-----------------------------	---	-----------------------	--------

**Part 3: Legal Actions or Assignments****7. Legal actions, administrative proceedings, court actions, executions, attachments, or governmental audits**

List the legal actions, proceedings, investigations, arbitrations, mediations, and audits by federal or state agencies in which the debtor was involved in any capacity—within 1 year before filing this case.

☐ None.

Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.1. <b>TRUE BULE CONSTRUCTION SERVICES LLC V. ADVANCED COMPANIES INC. AND ROGER WASHBOURNE 02-CV-24-7402</b>	<b>BREACH OF CONTRACT ET AL</b>	<b>ANOKA COUNTY 325 JACKSON ST Anoka, MN 55303</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

Debtor **ADVANCE COMPANIES INC**

Case number (if known)

	Case title Case number	Nature of case	Court or agency's name and address	Status of case
7.2.	<b>CANFIELD CAPITAL LLC V. ADVANCED COMPANIES INC. AND ROGER WASHBOURNE</b>	<b>BREACH ON CONTRACT ET AL</b>	<b>SUPREME COURT OF THE STATE OF NEW YORK COUNTY OF NASSAU 100 SUPREME CT DR Mineola, NY 11501</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded
7.3.	<b>LIQUIDITY ACCESS LLC V. ADVANCE COMPANIES INC AND ROGER M. WASHBOURNE INDEX NO. E2025010757</b>	<b>BREACH OF CONTRACT ET AL</b>	<b>SUPREME COURT OF THE STATE OF NEW YORK COUNTY OF MONROE</b>	<input checked="" type="checkbox"/> Pending <input type="checkbox"/> On appeal <input type="checkbox"/> Concluded

**8. Assignments and receivership**

List any property in the hands of an assignee for the benefit of creditors during the 120 days before filing this case and any property in the hands of a receiver, custodian, or other court-appointed officer within 1 year before filing this case.

☒ None

**Part 4: Certain Gifts and Charitable Contributions**

**9. List all gifts or charitable contributions the debtor gave to a recipient within 2 years before filing this case unless the aggregate value of the gifts to that recipient is less than \$1,000**

☒ None

Recipient's name and address	Description of the gifts or contributions	Dates given	Value
------------------------------	---	-------------	-------

**Part 5: Certain Losses**

**10. All losses from fire, theft, or other casualty within 1 year before filing this case.**

☒ None

Description of the property lost and how the loss occurred	Amount of payments received for the loss	Dates of loss	Value of property lost
	<p>If you have received payments to cover the loss, for example, from insurance, government compensation, or tort liability, list the total received.</p> <p>List unpaid claims on Official Form 106A/B (Schedule A/B: Assets – Real and Personal Property).</p>		

**Part 6: Certain Payments or Transfers**

**11. Payments related to bankruptcy**

List any payments of money or other transfers of property made by the debtor or person acting on behalf of the debtor within 1 year before the filing of this case to another person or entity, including attorneys, that the debtor consulted about debt consolidation or restructuring, seeking bankruptcy relief, or filing a bankruptcy case.

☐ None.

Debtor **ADVANCE COMPANIES INC**

Case number (if known) \_\_\_\_\_

	Who was paid or who received the transfer? Address	If not money, describe any property transferred	Dates	Total amount or value
11.1.	LAMEY LAW FIRM, P.A. 980 INWOOD AVE N OAKDALE, MN 55128-7094	ATTORNEY FEES AND COURT FILING FEE	APRIL 2025	\$15,000.00

Email or website address  
**JLAMEY@LAMEYLAW.COM**

Who made the payment, if not debtor?

**12. Self-settled trusts of which the debtor is a beneficiary**

List any payments or transfers of property made by the debtor or a person acting on behalf of the debtor within 10 years before the filing of this case to a self-settled trust or similar device.

Do not include transfers already listed on this statement.

☒ None.

Name of trust or device	Describe any property transferred	Dates transfers were made	Total amount or value
-------------------------	-----------------------------------	---------------------------	-----------------------

**13. Transfers not already listed on this statement**

List any transfers of money or other property - by sale, trade, or any other means - made by the debtor or a person acting on behalf of the debtor within 2 years before the filing of this case to another person, other than property transferred in the ordinary course of business or financial affairs. Include both outright transfers and transfers made as security. Do not include gifts or transfers previously listed on this statement.

☐ None.

	Who received transfer? Address	Description of property transferred or payments received or debts paid in exchange	Date transfer was made	Total amount or value
13.1	CHEDDAR LLC 181 S RIVER RIDGE CIR Burnsville, MN 55337	SEE ATTACHED EXHIBIT B	APRIL 9, 2025	\$9,670.00
	Relationship to debtor <b>NONE.</b>			

**Part 7: Previous Locations****14. Previous addresses**

List all previous addresses used by the debtor within 3 years before filing this case and the dates the addresses were used.

☒ Does not apply

Address	Dates of occupancy From-To
---------	-------------------------------

**Part 8: Health Care Bankruptcies****15. Health Care bankruptcies**

Is the debtor primarily engaged in offering services and facilities for:

- diagnosing or treating injury, deformity, or disease, or
- providing any surgical, psychiatric, drug treatment, or obstetric care?

☒ No. Go to Part 9.

☐ Yes. Fill in the information below.

Facility name and address	Nature of the business operation, including type of services the debtor provides	If debtor provides meals and housing, number of patients in debtor's care
---------------------------	--	---

Debtor **ADVANCE COMPANIES INC**

Case number (if known) \_\_\_\_\_

**Part 9: Personally Identifiable Information****16. Does the debtor collect and retain personally identifiable information of customers?**

- ☒ No.
- ☐ Yes. State the nature of the information collected and retained.

**17. Within 6 years before filing this case, have any employees of the debtor been participants in any ERISA, 401(k), 403(b), or other pension or profit-sharing plan made available by the debtor as an employee benefit?**

- ☒ No. Go to Part 10.
- ☐ Yes. Does the debtor serve as plan administrator?

**Part 10: Certain Financial Accounts, Safe Deposit Boxes, and Storage Units****18. Closed financial accounts**

Within 1 year before filing this case, were any financial accounts or instruments held in the debtor's name, or for the debtor's benefit, closed, sold, moved, or transferred?

Include checking, savings, money market, or other financial accounts; certificates of deposit; and shares in banks, credit unions, brokerage houses, cooperatives, associations, and other financial institutions.

☐ None

	Financial Institution name and Address	Last 4 digits of account number	Type of account or instrument	Date account was closed, sold, moved, or transferred	Last balance before closing or transfer
18.1.	NORTHEAST BANK 77 BROADWAY ST NE Minneapolis, MN 55413	XXXX-	<input checked="" type="checkbox"/> Checking <input type="checkbox"/> Savings <input type="checkbox"/> Money Market <input type="checkbox"/> Brokerage <input type="checkbox"/> Other__	WINTER 2025	\$0.00

**19. Safe deposit boxes**

List any safe deposit box or other depository for securities, cash, or other valuables the debtor now has or did have within 1 year before filing this case.

☒ None

Depository institution name and address	Names of anyone with access to it Address	Description of the contents	Does debtor still have it?
---	--	-----------------------------	----------------------------

**20. Off-premises storage**

List any property kept in storage units or warehouses within 1 year before filing this case. Do not include facilities that are in a part of a building in which the debtor does business.

☒ None

Facility name and address	Names of anyone with access to it	Description of the contents	Does debtor still have it?
---------------------------	-----------------------------------	-----------------------------	----------------------------

**Part 11: Property the Debtor Holds or Controls That the Debtor Does Not Own****21. Property held for another**

List any property that the debtor holds or controls that another entity owns. Include any property borrowed from, being stored for, or held in trust. Do not list leased or rented property.

☒ None



Debtor **ADVANCE COMPANIES INC**

Case number (if known)

**Part 12: Details About Environment Information**

For the purpose of Part 12, the following definitions apply:

*Environmental law* means any statute or governmental regulation that concerns pollution, contamination, or hazardous material, regardless of the medium affected (air, land, water, or any other medium).

*Site* means any location, facility, or property, including disposal sites, that the debtor now owns, operates, or utilizes or that the debtor formerly owned, operated, or utilized.

*Hazardous material* means anything that an environmental law defines as hazardous or toxic, or describes as a pollutant, contaminant, or a similarly harmful substance.

**Report all notices, releases, and proceedings known, regardless of when they occurred.**

**22. Has the debtor been a party in any judicial or administrative proceeding under any environmental law?** Include settlements and orders.

- ☐ No.  
☐ Yes. Provide details below.

Case title Case number	Court or agency name and address	Nature of the case	Status of case
---------------------------	-------------------------------------	--------------------	----------------

**23. Has any governmental unit otherwise notified the debtor that the debtor may be liable or potentially liable under or in violation of an environmental law?**

- ☐ No.  
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	---------------------------------------	-----------------------------	----------------

**24. Has the debtor notified any governmental unit of any release of hazardous material?**

- ☐ No.  
☐ Yes. Provide details below.

Site name and address	Governmental unit name and address	Environmental law, if known	Date of notice
-----------------------	---------------------------------------	-----------------------------	----------------

**Part 13: Details About the Debtor's Business or Connections to Any Business**

**25. Other businesses in which the debtor has or has had an interest**

List any business for which the debtor was an owner, partner, member, or otherwise a person in control within 6 years before filing this case. Include this information even if already listed in the Schedules.

- ☐ None

Business name address	Describe the nature of the business	Employer Identification number Do not include Social Security number or ITIN.  Dates business existed
-----------------------	-------------------------------------	--

**26. Books, records, and financial statements**

**26a. List all accountants and bookkeepers who maintained the debtor's books and records within 2 years before filing this case.**

- ☐ None

Name and address	Date of service From-To
------------------	----------------------------

**26b. List all firms or individuals who have audited, compiled, or reviewed debtor's books of account and records or prepared a financial statement within 2 years before filing this case.**

- ☐ None

**26c. List all firms or individuals who were in possession of the debtor's books of account and records when this case is filed.**

Debtor **ADVANCE COMPANIES INC**

Case number (if known) \_\_\_\_\_

☒ None**Name and address****If any books of account and records are unavailable, explain why**

26d. List all financial institutions, creditors, and other parties, including mercantile and trade agencies, to whom the debtor issued a financial statement within 2 years before filing this case.

☒ None**Name and address****27. Inventories**

Have any inventories of the debtor's property been taken within 2 years before filing this case?

☒ No☐ Yes. Give the details about the two most recent inventories.**Name of the person who supervised the taking of the inventory****Date of inventory****The dollar amount and basis (cost, market, or other basis) of each inventory**

28. List the debtor's officers, directors, managing members, general partners, members in control, controlling shareholders, or other people in control of the debtor at the time of the filing of this case.

Name	Address	Position and nature of any interest	% of interest, if any
ROGER WASHBOURNE	6725 NEW YORK AVE S APT 653 EDINA, MN 55435-3241	PRESIDENT	100%

29. Within 1 year before the filing of this case, did the debtor have officers, directors, managing members, general partners, members in control of the debtor, or shareholders in control of the debtor who no longer hold these positions?

☒ No☐ Yes. Identify below.**30. Payments, distributions, or withdrawals credited or given to insiders**

Within 1 year before filing this case, did the debtor provide an insider with value in any form, including salary, other compensation, draws, bonuses, loans, credits on loans, stock redemptions, and options exercised?

☐ No☒ Yes. Identify below.

Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.1 ROGER WASHBOURNE 6725 NEW YORK AVE S APT 653 EDINA, MN 55435-3241	NORMAL AND CUSTOMARY COMPENSATION	LAST 12 MONTHS	COMPENSATION FOR SERVICES RENDERED
Relationship to debtor OWNER			

Debtor **ADVANCE COMPANIES INC**

Case number (if known)

	Name and address of recipient	Amount of money or description and value of property	Dates	Reason for providing the value
30.2	<b>OLEKSANDRA OVCHAROVA</b> <b>6725 NEW YORK AVE S APT</b> <b>653</b> <b>EDINA, MN 55435-3241</b>	<b>NORMAL AND CUSTOMARY</b> <b>COMPENSATION</b>	<b>LAST 12</b> <b>MONTHS</b>	<b>COMPENSATION</b> <b>FOR SERVICES</b> <b>RENDERED</b>
	Relationship to debtor <b>SPOUSE OF ROGER</b> <b>WASHBOURNE</b>			

31. Within 6 years before filing this case, has the debtor been a member of any consolidated group for tax purposes?

- ☒ No  
☐ Yes. Identify below.

Name of the parent corporation

Employer Identification number of the parent corporation

32. Within 6 years before filing this case, has the debtor as an employer been responsible for contributing to a pension fund?

- ☒ No  
☐ Yes. Identify below.

Name of the pension fund

Employer Identification number of the pension fund

**Part 14: Signature and Declaration**

**WARNING** -- Bankruptcy fraud is a serious crime. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$500,000 or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

I have examined the information in this *Statement of Financial Affairs* and any attachments and have a reasonable belief that the information is true and correct.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on **May 18, 2025**

**/s/ ROGER M. WASHBOURNE**

Signature of individual signing on behalf of the debtor

**ROGER M. WASHBOURNE**

Printed name

Position or relationship to debtor **PRESIDENT**

Are additional pages to *Statement of Financial Affairs for Non-Individuals Filing for Bankruptcy* (Official Form 207) attached?

- ☐ No  
☒ Yes

	Date	Transaction type	Num	Posting (Y/N)	Memo/Description	Account full name	Amount
HealthPartners	05/01/2025	Bill		Yes		Accounts Payable	13,462.96
Total for HealthPartners							\$13,462.96
Intuit	03/24/2025	Deposit		Yes	Electronic Deposit Intuit	US Bank Checking MN	3,240.56
	03/24/2025	Deposit		Yes	Electronic Deposit Intuit	US Bank Checking MN	1,579.46
	03/24/2025	Deposit		Yes	Electronic Deposit Intuit	US Bank Checking MN	2,320.05
	03/24/2025	Deposit		Yes	Electronic Deposit Intuit	US Bank Checking MN	3,990.38
	03/24/2025	Deposit		Yes	Electronic Deposit Intuit	US Bank Checking MN	1,284.37
	03/24/2025	Deposit		Yes	Electronic Deposit Intuit	US Bank Checking MN	2,632.64
Total for Intuit							\$15,047.46
Mr Shane Eckes	04/29/2025	Check	29017	Yes		US Bank Checking MN	-8,100.00
	04/29/2025	Check		Yes	Settlement for Shane Eckes	US Bank Checking MN	-4,050.00
Total for Mr Shane Eckes							-\$12,150.00
Payroll	05/02/2025	Expense		Yes	Digital Ach Payment FXbXXXXXXXXcX3990leksandra Ovcharova	US Bank Checking MN	-2,430.21
	05/02/2025	Expense		Yes	Digital Ach Payment EbaXbXfXb3760abroger Washbourne	US Bank Checking MN	-5,769.23
	05/09/2025	Expense		Yes	Digital Ach Payment FbXXaX9de80eaa2oleksandra Ovcharova	US Bank Checking MN	-2,430.21
Total for Payroll							-\$10,629.65
Roger Washbourne	03/19/2025	Expense		Yes	Zelle Instant Pmt To Oleksandra Ovcharova XX/XX XXXXXXXXXXXXXXXX3p1bp2pusbiq6nfynj	US Bank Checking MN	-5,000.00
	03/21/2025	Expense		Yes	Zelle Instant Pmt To Oleksandra Ovcharova XXXXXXXXXXXXXXXX3p1bp2pusbihabngymw	US Bank Checking MN	-5,000.00
	03/21/2025	Expense		Yes	Zelle Instant Pmt To Victoria Usb6afpngykm	US Bank Checking MN	-400.00
	03/24/2025	Expense		Yes	Zelle Instant Pmt To Oleksandra Ovcharova XXXXXXXXXXXXXXXX3p1bp2pusb4hjnhoug	US Bank Checking MN	-5,000.00
	03/26/2025	Expense		Yes	Zelle Instant Pmt To Oleksandra Ovcharova XX/XX XXXXXXXXXXXXXXXX3p1bp2pusbuqdnthxy	US Bank Checking MN	-5,000.00
	03/27/2025	Expense		Yes	Zelle Instant Pmt To Oleksandra Ovcharova XXXXXXXXXXXXXXXX3p1bp2pusbkn0anifep	US Bank Checking MN	-2,000.00
	04/22/2025	Expense		Yes	Zelle Instant Pmt To Oleksandra Ovcharova XXXXXXXXXXXXXXXX3p1bp2pusbkizbrnfd	US Bank Checking MN	-3,500.00
	04/24/2025	Bill		Yes		Accounts Payable	10.00
	05/12/2025	Expense		Yes	Digital Ach Payment XX/XX SXccbXa9d0d7d3croger Washbourne	US Bank Checking MN	-3,300.00
Total for Roger Washbourne							-\$29,190.00

**EXHIBIT B**

- 
- APPL, VACUUM, Olympus, 03-500h, 24331926 (\$1200.00)
  - APPL, VACUUM, Other, Pf85dx, 10090 (\$1100.00)
  - APPL, VACUUM, Other, Flood king , 15000108 (\$400.00)
  - APPL, VACUUM, Other, 36306, 12717 (\$1300.00)
  - PTOOL, SPRAYE, Other, Nova390, None (\$360.00)
  - APPL, VACUUM, Other, 2000, None (\$450.00)
  - PTOOL, SPRAYE, Other, Mz360, 4000psi (\$850.00)
  - PTOOL, COMPRE, Craftsman, 921165720, U3a165c (\$225.00)
  - PTOOL, COMPRE, Other, Pm2000i, 3006984811 (\$165.00)
  - PTOOL, COMPRE, Other, Lgr, F2368168 (\$400.00)
  - PTOOL, COMPRE, Other, Lgr, D2452539 (\$400.00)
  - PTOOL, COMPRE, Other, Lgr, D2455785 (\$400.00)
  - PTOOL, COMPRE, Other, D2455783, D2455783 (\$400.00)
  - PTOOL, COMPRE, Other, Lgr, D2452540 (\$400.00)
  - PTOOL, COMPRE, Other, Lgr, D2452541 (\$400.00)
  - APPL, VACUUM, Other, Ez spot, S012512 (\$200.00)
  - APPL, FAN, Other, 510b, 24070084 (\$170.00)
  - APPL, FAN, Other, 510b, 24070166 (\$170.00)
  - APPL, FAN, Other, 510b, 23120035 (\$170.00)
  - APPL, FAN, Other, 510b, 23120002 (\$170.00)
  - APPL, FAN, Other, 510b, 23120008 (\$170.00)
  - APPL, FAN, Other, 510b, 24070283 (\$170.00)

LOCAL FORM 1007-1  
REVISED 06/16

**United States Bankruptcy Court  
District of Minnesota**

In re **ADVANCE COMPANIES INC**

Debtor(s)

Case No.  
Chapter

**11**

**DISCLOSURE OF COMPENSATION OF ATTORNEY FOR DEBTOR**

1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above-named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows:

For legal Services, I have agreed to accept .....	\$	<b>HOURLY</b>
Prior to the filing of this statement I have received .....	\$	<b>15,000.00</b>
Balance Due .....	\$	<b>TO BE DETERMINED</b>

2. The source of the compensation paid to me was:

☒ Debtor ☐ Other (specify)

3. The source of the compensation to be paid to me is:

☒ Debtor ☐ Other (specify)

4. ☒ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm.

☐ I have agreed to share the above-disclosed compensation with another person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people or entities sharing in the compensation, is attached.

5. In return for the above-disclosed fee, together with such further fee, if any, as is provided in the written contract required by 11 U.S.C. §528(a)(1), I have agreed to render legal service for all aspects of the bankruptcy case, including:

a.. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;

b.. Preparation and filing of any petition, schedules, statements of affairs and plan which may be required;

c.. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;

d.. Representation of the debtor in contested bankruptcy matters; and

e.. Other services reasonably necessary to represent the debtor(s).

6. Pursuant to Local Rules 1007-1 and 1007-3-1, I have advised the debtor of the requirements in the Statement of Financial Affairs to disclose all payments made, or property transferred, by or on behalf of the debtor to any person, including attorneys, for consultation concerning debt consolidation or reorganization, relief under bankruptcy law, or preparation of a petition in bankruptcy. I have reviewed the debtor's disclosures and they are accurate and complete to the best of my knowledge.

**CERTIFICATION**

LOCAL FORM 1007-1  
REVISED 06/16

I certify that the foregoing, together with the written contract required by 11 U.S.C. §528(a)(1), is a complete statement of any agreement or arrangement for payment to me for representation of the debtor(s) in this bankruptcy case.

Dated: **May 12, 2025**

Signature of Attorney

**/s/ JOHN D. LAMEY III**

**JOHN D. LAMEY III 0312009**

**United States Bankruptcy Court  
District of Minnesota**

In re **ADVANCE COMPANIES INC**

Debtor(s)

Case No.  
Chapter

**11**

**LIST OF EQUITY SECURITY HOLDERS**

Following is the list of the Debtor's equity security holders which is prepared in accordance with rule 1007(a)(3) for filing in this Chapter 11 Case

Name and last known address or place of business of holder	Security Class	Number of Securities	Kind of Interest
---	----------------	----------------------	------------------

**-NONE-**

**DECLARATION UNDER PENALTY OF PERJURY ON BEHALF OF CORPORATION OR PARTNERSHIP**

I, the **PRESIDENT** of the corporation named as the debtor in this case, declare under penalty of perjury that I have read the foregoing List of Equity Security Holders and that it is true and correct to the best of my information and belief.

Date **May 18, 2025**

Signature **/s/ ROGER M. WASHBOURNE**  
**ROGER M. WASHBOURNE**

*Penalty for making a false statement of concealing property: Fine of up to \$500,000 or imprisonment for up to 5 years or both.  
18 U.S.C. §§ 152 and 3571.*



**United States Bankruptcy Court  
District of Minnesota**

In re **ADVANCE COMPANIES INC**

Debtor(s)

Case No.

Chapter

**11**

**VERIFICATION OF CREDITOR MATRIX**

I, the PRESIDENT of the corporation named as the debtor in this case, hereby verify that the attached list of creditors is true and correct to the best of my knowledge.

Date: **May 18, 2025**

**/s/ ROGER M. WASHBOURNE**

**ROGER M. WASHBOURNE/PRESIDENT**

Signer/Title

5G PRO CONSTRUCTION AND REMODELING LLC  
6861 OAKLEY ST NE  
FRIDLEY MN 55432

ABC SUPPLY CO  
15631 COLLECTON CENTER  
CHICAGO IL 60693-0156

ADAM KLEMMENSEN  
2622 STINSON BLVD  
MINNEAPOLIS MN 55418

AFCO  
PO BOX 360572  
PITTSBURGH PA 15250-6572

AKER DOORS, INC  
17124 ULYSSES ST NE  
ANDOVER MN 55304

ALACRITY SOLUTIONS  
360 E. 10TH AVE STE 400  
ALBERTVILLE MN 55301

ALI HASSAN  
6599 CHANNEL RD NE  
FRIDLEY MN 55432-4628

ALLY BANK  
PO BOX 380902  
BLOOMINGTON MN 55438

APEX MECHANICAL  
1507 SE EATON BLVD  
BATTLE GROUND WA 98604

B & D PLUMBING HEATING & AIR  
4145 MACKENZIE COURT N. E.  
SAINT MICHAEL MN 55376

B & M HAZELWOOD MASONRY, INC  
2175 LAKE GEORGE PARKWAY  
OAK GROVE MN 55011

BEACON  
3112 TRUCK CENTER DR  
DULUTH MN 55806

BIFFS INC  
6430 COUNTY RD 101 E  
SHAKOPEE MN 55379

BORIS YANKOVICH ESQ  
2916 SHELL RD  
BROOKLYN NY 11224

BRENTS BIFFIES INC  
4771 CARIBOU LAKE RD  
SAGINAW MN 55779

CABINETRY CONCEPTS  
14410 AZURITE STREET NW  
ANOKA MN 55303

CANFIELD CAPITAL LLC  
ATTN CHIEF MANAGER  
30 N GOULD ST STE R  
SHERIDAN WY 82801

CAPITAL ONE TRADE CREDIT  
PO BOX 60506  
CITY OF INDUSTRY CA 91716-0506

CASSANDRA ROBINSON  
1942 RIPLEY AVE  
MAPLEWOOD MN 55109

CBIZ ADVISORS, LLC  
12993 COLLECTIONS CENTER DR  
CHICAGO IL 60693

CENTERPOINT ENERGY  
PO BOX 1144  
MINNEAPOLIS MN 55440

CENTRA SODABLASTING  
PO BOX 489  
NORTHFIELD MN 55057

CLOUD CONTENTS, INC  
14160 BASALT ST NW  
ANOKA MN 55303

COORDINATED BUSINESS SYSTEMS LTD  
851 W 128TH ST  
BURNSVILLE MN 55337

CRAIG BETTMAN  
8393 MARSH CREEK RD  
WOODBURY MN 55123

CT CORPORATION SYSTEM INC  
330 N BRAND BLVD STE 700  
ATTN SPRS  
GLENDALE CA 91203

CULLIGAN BOTTLED WATER  
DEPT. 18511  
PO BOX 77043  
MINNEAPOLIS MN 55480

ENCOMPASS, INC  
5435 FELTL RD  
HOPKINS MN 55343

ERICKSON ASPHALT & CONCRETE  
PO BOX 176  
PRINCETON MN 55371

FIFTH THIRD BANK  
PO BOX 630412  
CINCINNATI OH 45263-0412

FINANCIAL PACIFIC LEASING, INC.  
PO BOX 4568  
AUBURN WA 98001

FYM CAPITAL LLC  
ATTN CHIEF MANAGER  
433 PLAZA REAL STE 275  
BOCA RATON FL 33432

GARAGE FORCE  
18525 HWY 212  
NORWOOD YOUNG AMERICA MN 55368

GLACIER HOMES LLC  
3925 LOVELL RD  
LEXINGTON MN 55014

GM FINANCIAL  
PO BOX 181145  
ARLINGTON TX 76096

GO MINI MSP  
8271 WEST 35W SERVICE DR  
MINNEAPOLIS MN 55449

GOLDEN VALLEY SUPPLY COMPANY  
1000 ZANE AVE N  
MINNEAPOLIS MN 55422

GREAT AMERICA BIG PRINTER  
PO BOX 660831  
DALLAS TX 75266

HAMERNICK'S FLOORING SOLUTIONS  
9449 SCIENCE CENTER DRIVE STE 200  
SAINT PAUL MN 55117

HANK'S SPECIALTIES  
PO BOX 120150  
SAINT PAUL MN 55112

HEALTHPARTNERS  
PO BOX 772648  
DETROIT MI 48277

HENRY SPENCER  
14961 MADISON ST NE  
HAM LAKE MN 55304

HIRSHFIELD'S  
725 2ND AVE N  
MINNEAPOLIS MN 55405

HOME DEPOT  
5650 MAIN STREET NE  
MINNEAPOLIS MN 55432

HOME OPTIONS & UPGRADES, INC  
16428 84TH AVE N  
OSSEO MN 55311

IMPACT INTERIORS, LLC  
305 S 24TH STREET  
KANSAS CITY KS 66106

IRS  
PO BOX 7346  
PHILADELPHIA PA 19101-7346

JACOB WINTER  
33664 FOREST BLVD  
STACY MN 55079

JGC PAINT WORK LLC  
ATTN JORGE GARCIA  
1235 BUSH AVE  
SAINT PAUL MN 55106

JONATHAN WINDOW DESIGNS  
565-127TH LANE NW  
MINNEAPOLIS MN 55448

KAMARI LITTLE  
7320 UNITY LN N  
MINNEAPOLIS MN 55443-5203

KASEY K JOHNSON  
112 150TH ST W  
APPLY VALLEY MN 55124-8951

KAYLEE KOSMIDES  
7527 WASHBURN AVE S  
MINNEAPOLIS MN 55423-3538

LENDSPARK  
2554 GATEWAY RD  
CARLSBAD CA 92009

LENDSPARK EQUIPMENT  
2554 GATEWAY RD  
CARLSBAD CA 92009

LIBERTY FUNDING GROUP LLC  
ATTN CHIEF MANAGER  
1401 CAMINO DEL MAR STE 202  
DEL MAR CA 92014

LIQUIDITY ACCESS LLC  
25 MELVILLE PARK RD  
STE 60  
MELVILLE NY 11747-3172

LLOYD'S CONSTRUCTION SERVICES, INC  
6528 CO. RD 101 E  
SHAKOPEE MN 55379

LNM CONSTRUCTION LLC  
3510 DARROW AVE SE  
BUFFALO MN 55313

LUKEN GOOD FLOORING LLC  
23514 HOPI ST NW ST  
SAINT FRANCIS MN 55070

MALANIE WANG  
4908 103RD AVE  
MINNEAPOLIS MN 55443

MCA RESOLVE LLC  
220 CONGRESS PARK STE 215  
DELRAY BEACH FL 33445

MICHAEL LARSON  
9705 40TH ST  
PRINCETON MN 55371-6129



MINNESOTA CONSTRUCTION LAW SERVICES  
ATTN KIMBERLY PRICE ESQ  
3030 CENTRE POINTE DR STE 100  
ROSEVILLE MN 55113

MINNESOTA DEPT OF REV  
COLLECTION DIVISION  
PO BOX 64564  
SAINT PAUL MN 55164-0564

MINUTEMEN PRESS  
525 MAIN STREET STE 300  
SAINT PAUL MN 55112

MN DEPT OF EMPLOY AND ECON DEV  
BANKRUPTCY DIVISION  
332 MINNESOTA ST STE E200  
SAINT PAUL MN 55101

MS INTERNATIONAL INC  
10205 10TH AVE N  
SUITE B  
MINNEAPOLIS MN 55441

NATALIE LOR  
1473 WESTERN AVE N  
SAINT PAUL MN 55117

NATURE'S STONE & CABINET LLC  
680 E TRAVELERS TRAIL  
BURNSVILLE MN 55337

NEXT GEAR SOLUTIONS  
PO BOX 200702  
DALLAS TX 75320

NOEL DONAHUE  
5540 PINE HILL RD  
DULUTH MN 55810-2148

NORBERTO SANTAMARIA  
1200 CIRCLE TERRACE BLVD NE #1202  
MINNEAPOLIS MN 55421-3144

NYANGWESO EPPERSON  
17052 81ST AVE N  
MAPLE GROVE MN 55311-1753

OVERCOTT EXTERIORS  
19717 JACKIE LANE ROGERS  
ROGERS MN 55374

PATRICIA VAUK  
3209 47TH AVE S  
MINNEAPOLIS MN 55406-2334

PLUSWOOD DISTRIBUTERS LLC  
PO BOX 5  
MONTEVIDEO MN 56265

PREMIER IT LLC  
7384 KIRKWOOD CT #100  
OSSEO MN 55369

PRINT CENTRAL  
9260 BALTIMORE ST NE  
MINNEAPOLIS MN 55449

QUICKBOOK PAYMENTS  
2700 COAST AVE  
MOUNTAIN VIEW CA 94043

RAINSE CHETANA  
5325 RIVER BLUFF CURV  
MINNEAPOLIS MN 55437-3616

RING CENTRAL  
20 DAVIS DRIVE  
BELMONT CA 94002

ROGER WASHBOURNE  
6725 NEW YORK AVE S APT 653  
EDINA MN 55435-3241

SARAH HEGLAND  
1348 SCHLETTI ST  
SAINT PAUL MN 55117

SCHERER BROTHERS LUMBER COMPANY  
PO BOX 1450  
MINNEAPOLIS MN 55485

SEDGWICK CLAIMS MANAGEMENT SERVICES  
PO BOX 639153  
CINCINNATI OH 45263

SHARONAH JACOBUS  
908 CONNOR AVE E  
MAPLEWOOD MN 55109-1957

SHERWIN WILLIAMS  
4110 CENTRAL AVE NE  
MINNEAPOLIS MN 55421

SHULMAN BUSKE PLLC  
ATTN DAVID SHULMAN  
126 NORTH THIRD ST STE 402  
MINNEAPOLIS MN 55401

SIWEK LUMBER & MILLWORK  
2536 MARSHALL ST NE  
MINNEAPOLIS MN 55418

SOUTH SIDE ELECTRIC, INC  
9201 EAST FWY SUITE X  
MINNEAPOLIS MN 55420

STEVEN JOHN  
1014 THIRD AVE S  
STILLWATER MN 55082

T-MOBLIE  
PO BOX 742596  
CINCINNATI OH 45274

TECH FINANCIAL SERVICES INC  
840 N. THIRD ST.  
SUITE 500  
MILWAUKEE WI 53203

TOTAL OUTDOOR SOLUTIONS, LLC  
40705 FINLEY RD  
NORTH BRANCH MN 55056

TOTALLY SITCHIN PLUS  
7593 HWY 65 NE  
MINNEAPOLIS MN 55432

TRUE BLUE CONSTRUCTION SERVICES LLC  
7103 HWY 65 NE  
MINNEAPOLIS MN 55432

US ATTORNEY  
600 US COURTHOUSE  
300 S FOURTH ST  
MINNEAPOLIS MN 55415

UZ INSULATION SERVICES  
3021 162ND LANE NW  
ANDOVER MN 55304

VARA FLOORING LLC  
14291 OAKHILL RD N  
SCANDIA MN 55073

VEHITECH FLEET SERVICE  
700 UNIVERSITY AVE  
MINNEAPOLIS MN 55432

VERIZON WIRE  
PO BOX 489  
NEWARK NJ 07101

WEX BANK  
PO BOX 6293  
CAROL STREAM IL 60197-6293

XACTWARE SOLUTIONS, INC  
PO BOX 30196  
NEW YORK NY 10087

XCEL ENERGY  
PO BOX 8  
EAU CLAIRE WI 54702

Z BIO SCIENCE  
8401 LANCASTER AVE  
BETHEL PA 19507

Z BIOSCIENCE INC  
800 S OHIO ST  
TUSCOLA IL 61953